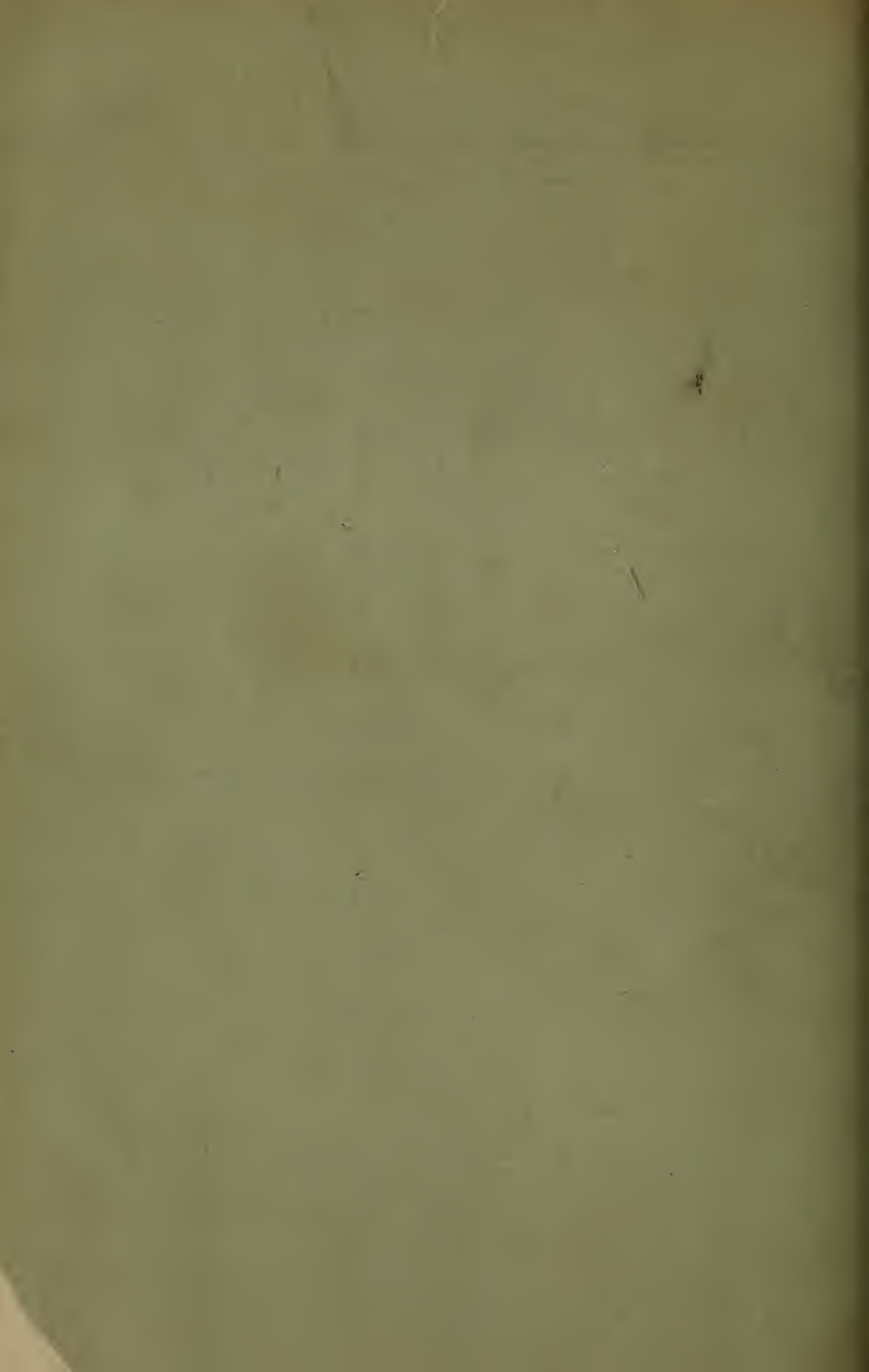


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ANNOUNCEMENT
OF THE
MEDICAL SCHOOL
(688 BOYLSTON STREET, BOSTON, MASS.)

OF
HARVARD UNIVERSITY

FOR
1901-02

SECOND EDITION



CAMBRIDGE
Published by the University
1901

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MEDICAL SCHOOL CALENDAR.

1901.

- Sept. 19, Thursday.* Examinations begin for applicants for advanced standing, and for men previously conditioned.
- Sept. 25, Wednesday.* Examination in Chemistry for admission.
- Sept. 26, Thursday.* **Academic Year begins.** Registration of Students.
- Nov. 1, Friday.* Last day for receiving essays for the William H. Thorndike Prize.
- Nov. 28, Thursday.* Thanksgiving Day : a holiday.
- Nov. 30, Saturday.* Last day for receiving applications for the Cheever and Hayden Scholarships.

RECESS FROM DEC. 23, 1901, TO JAN. 2, 1902, INCLUSIVE.

1902.

- Jan. 1, Wednesday.* Last day for receiving dissertations for the Boylston Medical Prizes.
- Feb. 1, Saturday.* **Second half-year begins.** Mid-year Examinations begin.
- Feb. 22, Saturday.* Washington's Birthday : a holiday.
- April 1, Tuesday.* Last day for receiving dissertations for the Bowdoin Prizes.

RECESS FROM APRIL 13 TO APRIL 19, INCLUSIVE.

- April 30, Wednesday.* Last day for receiving applications from students in the Professional Schools to be qualified for the degree of A.M. in 1902.
- May 1, Thursday.* Last day for receiving dissertations for the Dante, Toppan, and Sumner Prizes.
- May 30, Friday.* Memorial Day : a holiday.
- May 31, Saturday.* Last day for receiving applications of candidates for the degree of M.D. in 1902.

- May 31, Saturday.* Last day for receiving applications for Scholarships for 1902-03 (except the Cheever and Hayden Scholarships).
- May 31, Saturday.* Examinations begin.
- June 25, Wednesday.* Commencement.
- June 26, Thursday.* Examination in Chemistry for admission.

SUMMER VACATION OF THIRTEEN WEEKS, FROM COMMENCEMENT TO SEPTEMBER 24, INCLUSIVE.

- Sept. 18, Thursday.* Examinations begin for applicants for advanced standing, and for men previously conditioned.
- Sept. 24, Wednesday.* Examination in Chemistry for Admission.
- Sept. 25, Thursday.* Academic Year begins. Registration of Students.
- Oct. 1, Wednesday.* Last day for receiving applications for the Bullard Fellowships.
- Nov. 1, Saturday.* Last day for receiving essays for the William H. Thorndike Prize.
- Nov. 27, Thursday.* Thanksgiving Day: a holiday.
- Nov. 29, Saturday.* Last day for receiving applications for the Cheever and Hayden Scholarships.

THE MEDICAL SCHOOL.

FACULTY OF MEDICINE.*

CHARLES W. ELIOT, LL.D., PRESIDENT.

WILLIAM L. RICHARDSON, M.D., DEAN, and *Professor of Obstetrics.*

JAMES C. WHITE, M.D., *Professor of Dermatology.*

OLIVER F. WADSWORTH, M.D., *Williams Professor of Ophthalmology.*

HENRY P. BOWDITCH, M.D., LL.D., D.Sc., *Professor of Physiology.*

CLARENCE J. BLAKE, M.D., *Professor of Otology.*

FRANK W. DRAPER, M.D., *Professor of Legal Medicine.*

CHARLES B. PORTER, M.D., *Professor of Clinical Surgery.*

J. ORNE GREEN, M.D., *Clinical Professor of Otology.*

J. COLLINS WARREN, M.D., LL.D., Hon. F.R.C.S., *Moseley Professor of Surgery.*

REGINALD H. FITZ, M.D., *Hersey Professor of the Theory and Practice of Physic.*

THOMAS DWIGHT, M.D., LL.D., *Parkman Professor of Anatomy.*

THOMAS FILLEBROWN, M.D., D.M.D., *Professor of Operative Dentistry and Oral Surgery.*

JAMES J. PUTNAM, M.D., *Professor of Diseases of the Nervous System.*

EDWARD S. WOOD, M.D., *Professor of Chemistry.*

FREDERICK C. SHATTUCK, M.D., *Jackson Professor of Clinical Medicine.*

EDWARD H. BRADFORD, M.D., *Assistant Professor of Orthopedics.*

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FRANCIS H. DAVENPORT, M.D., *Assistant Professor of Gynaecology.*

THOMAS M. ROTCH, M.D., *Professor of the Diseases of Children.*

WILLIAM B. HILLS, M.D., *Associate Professor of Chemistry.*

EUGENE H. SMITH, D.M.D., *Professor of Mechanical Dentistry and Orthodontia, and Dean of the Dental School.*

* Arranged here and elsewhere in the Catalogue, with the exception of the President and Dean, on the basis of collegiate seniority.

WILLIAM F. WHITNEY, M.D., *Curator of the Anatomical Museum.*
CHARLES S. MINOT, S.D., LL.D., *Professor of Histology and Human Embryology.*

MAURICE H. RICHARDSON, M.D., *Assistant Professor of Clinical Surgery.*

CHARLES M. GREEN, M.D., *Assistant Professor of Obstetrics, and Secretary of the Faculty of Medicine.*

EDWARD C. BRIGGS, M.D., D.M.D., *Professor of Dental Materia Medica and Therapeutics.*

WILLIAM T. COUNCILMAN, M.D., *Shattuck Professor of Pathological Anatomy.*

HERBERT L. BURRELL, M.D., *Assistant Professor of Surgery.*

HAROLD C. ERNST, M.D., *Professor of Bacteriology.*

CHARLES HARRINGTON, M.D., *Assistant Professor of Hygiene.*

GEORGE G. SEARS, M.D., *Assistant Professor of Clinical Medicine.*

FRANZ PFAFF, M.D., *Assistant Professor of Pharmacology and Therapeutics.*

THEOBALD SMITH, M.D., *George Fabyan Professor of Comparative Pathology.*

WILLIAM T. PORTER, M.D., *Associate Professor of Physiology.*

FRANKLIN DEXTER, M.D., *Associate Professor of Anatomy.*

FRANK B. MALLORY, M.D., *Associate Professor of Pathology.*

STANDING COMMITTEES FOR THE MEDICAL SCHOOL.

Course of Study. — Dr. Fitz (*Chairman*), and Drs. Bowditch, Draper, W. L. Richardson, Dwight, Shattuck, and Bradford.

Nominations. — Dr. Burrell (*Chairman*), and Drs. Whitney, Minot, Ernst, and Harrington.

Graduate Courses. — Dr. Wadsworth (*Chairman*), and Drs. Bradford, Burrell, Smith, and Dexter.

Summer Courses. — Dr. Draper (*Chairman*), and Drs. J. O. Green and Putnam.

Admission. — Dr. W. L. Richardson (*Chairman*), and Drs. C. M. Green and Mallory.

THE MEDICAL SCHOOL.

BOSTON.

GENERAL STATEMENT.

Three professorships of Medicine were established at the University in the years 1782 and 1783. The first degrees in Medicine were conferred in 1788. Before 1811, the degree conferred upon graduates of the School was that of BACHELOR OF MEDICINE; beginning with 1811, the degree has been DOCTOR OF MEDICINE. In 1810, the lectures given in Medicine were transferred from Cambridge to Boston, where the first MEDICAL COLLEGE was built in 1815.

The course of study required in this School for the degree of M.D. is of four years' duration. This requirement was established at the beginning of the year 1892-93.

The academic year begins on the Thursday following the last Wednesday in September, and ends on the last Wednesday in June. In order that the time of study shall count as a full year, students of all classes must present themselves within the first week of the school year and register their names with the Secretary.

There is a Christmas recess from December 23 to January 2 inclusive, and a recess of one week's duration in April.

Beginning with the year 1899-1900 a new arrangement of the subjects taught in the first two years was adopted. During the first half of the first year the students devote their time solely to Anatomy and Histology, and during the second half of the first year to Physiology and Physiological Chemistry. They devote the first half of the second year to Pathology and Bacteriology, and the remainder of the second year to a variety of subjects which more particularly prepare the student for the clinical work of the third and fourth years.

It is believed that this logical arrangement of the subjects of the first two years enables a student to concentrate his energies to a much greater advantage than he can when his attention is divided among several subjects. Each correlated group presents sufficient variety to avoid monotony. Another advantage of this method is that it greatly increases the amount of time which can be devoted to each subject.

A series of written, oral, and practical examinations on all the required subjects of medical instruction are distributed throughout the four years'

course of study. Every candidate for the degree of Doctor of Medicine must pass these examinations in a satisfactory manner, and also fulfil all the other requirements enumerated on page 47.

The degree of Doctor of Medicine *cum laude* is given to candidates who obtain an average of 80 per cent. or over, in all the required examinations.

Besides the required and elective courses in the regular system of instruction, there have been established numerous optional lecture and laboratory courses which prepare for, or supplement, many of the required subjects.

Pamphlets descriptive of the many Courses of Study for Graduates, and of the Summer Courses, may be obtained on application.

Inquiries may be addressed to the Dean of the Harvard Medical School, 688 Boylston Street, Boston, Mass.

ADMINISTRATIVE BOARD.

WILLIAM L. RICHARDSON, M.D., DEAN, and *Professor of Obstetrics*.
J. COLLINS WARREN, M.D., LL.D., Hon. F.R.C.S., *Professor of Surgery*.

EDWARD S. WOOD, M.D., *Professor of Chemistry*.

FREDERICK C. SHATTUCK, M.D., *Professor of Clinical Medicine*.

WILLIAM F. WHITNEY, M.D., *Curator of the Anatomical Museum*.

CHARLES M. GREEN, M.D., SECRETARY, and *Assistant Professor of Obstetrics*.

CHARLES HARRINGTON, M.D., *Assistant Professor of Hygiene*.

FRANKLIN DEXTER, M.D., *Associate Professor of Anatomy*.

FRANK B. MALLORY, M.D., *Associate Professor of Pathology*.

OFFICE HOURS OF THE DEAN, TUESDAY AND FRIDAY, 12.15 TO 1 P.M.;
OF THE SECRETARY, MONDAY AND THURSDAY, 12 TO 1 P.M.

STANDING COMMITTEES.

Building. — Dr. Wood (*Chairman*), and Drs. W. L. Richardson and Whitney.

Advertising and Catalogue. — Dr. Wood (*Chairman*), and Drs. C. M. Green and Mallory.

Library. — Dr. Shattuck (*Chairman*), and Drs. Harrington and Dexter.

Warren Museum. — Dr. Warren (*Chairman*), and Drs. Whitney and Dexter.

Fellowships. — Dr. Shattuck (*Chairman*), and Drs. Warren, Whitney, Harrington, and Mallory.

Scholarships. — Dr. W. L. Richardson (*Chairman*), and Drs. C. M. Green and Dexter.

INSTRUCTORS, LECTURERS, AND ASSISTANTS.*

- JOHN HOMANS, M.D., *Lecturer on Surgery.*
 EDWARD COWLES, M.D., LL.D., *Clinical Instructor in Mental Diseases.*
 SAMUEL H. DURGIN, M.D., *Lecturer on Hygiene.*
 HENRY H. A. BEACH, M.D., *Lecturer on Surgery.*
 GEORGE W. GAY, M.D., *Lecturer on Surgery.*
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 ABNER POST, M.D., *Instructor in Syphilis.*
 ELBRIDGE G. CUTLER, M.D., *Instructor in the Theory and Practice of Physic.*
 THOMAS A. DE BLOIS, M.D., *Clinical Instructor in Laryngology.*
 EDWARD M. BUCKINGHAM, M.D., *Clinical Instructor in Diseases of Children.*
 JOHN W. ELLIOT, M.D., *Lecturer on Surgery.*
 JOHN W. FARLOW, M.D., *Clinical Instructor in Laryngology.*
 CHARLES F. WITHINGTON, M.D., *Instructor in Clinical Medicine.*
 SAMUEL J. MIXTER, M.D., *Assistant in Operative Surgery.*
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 MYLES STANDISH, M.D., *Instructor in Ophthalmology.*
 GEORGE L. WALTON, M.D., *Clinical Instructor in Diseases of the Nervous System.*
 FRANCIS S. WATSON, M.D., *Lecturer on Genito-Urinary Surgery.*
 PHILIP COOMBS KNAPP, M.D., *Clinical Instructor in Diseases of the Nervous System.*
 HERMAN F. VICKERY, M.D., *Instructor in Clinical Medicine.*
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 JAMES O. JORDAN, PH.G., *Assistant in Materia Medica.*
 PAUL THORNDIKE, M.D., *Instructor in Genito-Urinary Surgery.*
 GEORGE A. CRAIGIN, M.D., *Assistant in Diseases of Children.*
 ALLEN GREENWOOD, M.D., *Assistant in Ophthalmology.*

* Arranged here and elsewhere in the Catalogue on the basis of collegiate seniority.

JAMES G. MUMFORD, M.D., *Assistant in Clinical and Operative Surgery.*

WILLIAM H. PRESCOTT, M.D., *Assistant in Clinical Medicine.*

MALCOLM STORER, M.D., *Assistant in Gynaecology.*

FRANK A. HIGGINS, M.D., *Instructor in Obstetrics, and Assistant in Gynaecology.*

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JOHN W. BARTOL, M.D., *Assistant in Clinical Medicine.*

JOHN B. BLAKE, M.D., *Assistant in Clinical and Operative Surgery.*

JAMES M. JACKSON, M.D., *Assistant in Clinical Medicine.*

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JOHN L. MORSE, M.D., *Instructor in Diseases of Children.*

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FRANKLIN G. BALCH, M.D., *Assistant in Clinical and Operative Surgery.*

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CALVIN G. PAGE, M.D., *Assistant in Bacteriology.*

CHARLES J. WHITE, M.D., *Assistant in Dermatology.*

FRANKLIN W. WHITE, M.D., *Assistant in the Theory and Practice of Physic.*

JAMES H. WRIGHT, M.D., *Instructor in Pathology.*

SEABURY W. ALLEN, M.D., *Assistant in Anatomy.*

ERNEST A. CODMAN, M.D., *Assistant in Clinical and Operative Surgery.*

FRANCIS P. DENNY, M.D., *Assistant in Bacteriology.*

WILLIAM H. ROBEY, JR., M.D., *Assistant in Bacteriology.*

GEORGE S. C. BADGER, M.D., *Assistant in the Theory and Practice of Physic.*

WILLIAM R. P. EMERSON, M.D., *Assistant in Histology.*

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 HENRY J. PERRY, M.D., *Assistant in Bacteriology.*
 WILLIAM H. SMITH, M.D., *Assistant in Clinical Medicine.*
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 JAMES C. DONOGHUE, M.D., *Assistant in Histology.*
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 GEORGE S. WHITESIDE, M.D., *Assistant in Anatomy.*
 HUGH CABOT, M.D., *Assistant in Operative Surgery.*
 LINCOLN DAVIS, M.D., *Assistant in Anatomy.*
 ROBERT L. EMERSON, M.D., *Instructor in Physiological Chemistry.*
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 MAYNARD LADD, M.D., *Assistant in Physiological Chemistry, and in Diseases of Children.*
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 PERCY MUSGRAVE, M.D., *Assistant in Chemistry.*
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 GEORGE P. SANBORN, M.D., *Assistant in Bacteriology.*

AUSTIN TEACHING FELLOWS.

- LANGDON FROTHINGHAM, M.D.V., *in Bacteriology.*
 JOSEPH D. WEIS, M.D., *in Bacteriology.* ✓
 CHARLES H. BOXMEYER, A.B., *in Comparative Pathology.*
 FREDERIC T. LEWIS, M.D., *in Histology and Embryology.* ✓

THE MEDICAL SCHOOL.

ADMISSION OF STUDENTS.

Candidates for admission to this School must present a degree in Arts, Literature, Philosophy, or Science from a recognized college or scientific school, with the exception of such persons, of suitable age and attainments, as may be admitted by a special vote of the Faculty in each case.*

All candidates, whether presenting a degree or not, are required to satisfy the Faculty that they have had a course in Theoretical and Descriptive (Inorganic) Chemistry and Qualitative Analysis sufficient to fit them to pursue the courses in Chemistry given at the Medical School;† or, failing in this, to pass an examination in General Chemistry and Qualitative Analysis. Students who are unable to fulfil either of these requirements may enter conditioned in Chemistry; but no student will be permitted to take part in any exercise of the third class, or to present himself for examination in the subjects of that class, until deficiencies in General Chemistry and Qualitative Analysis have been made up.

The admission examination in General Chemistry (at which time also the note-books in Qualitative Analysis must be handed in) is held at the Medical School, 688 Boylston St., Boston, at 12 o'clock noon on the Thursday following the last Wednesday in June, and on the Wednesday preceding the last Thursday in September. The examination is conducted in writing. Specimen examination papers may be found in the Medical School Catalogues.

Applicants for admission to the Medical School who have studied three years in recognized colleges, technical, or scientific schools, in which courses in Human Anatomy, Physiology, Histology, and Physiological Chemistry are a part of the instruction, may be admitted to advanced standing, provided they pass an examination in these subjects and possess the other requirements for admission.

* The exception above referred to applies only to men who have practically finished a required course for a degree, but for some good and sufficient reason, such, for instance, as wishing to graduate with their class, prefer waiting until a later period for graduation; or to men who, without such a degree, have acquired an equivalent education and training sufficient to enable them to profit by the instruction offered in the School.

† The Summer Courses of Instruction in the fundamental principles of Chemistry and in Qualitative Analysis given at Harvard College, and the Summer Course in General Chemistry and Qualitative Analysis given at the Medical School, are adapted to students about to enter the Medical School.

A graduate of another medical school of recognized standing may obtain the degree of M.D. at this University, after a year's study in the undergraduate course, passing all examinations required in the full undergraduate course, and fulfilling all requirements for admission. These examinations may be taken only at the times set for the regular examinations in September, February (mid-year examinations), and June. The next year will begin September 25, 1902.

DIVISION OF STUDENTS.

Students are divided into four classes according to their time of study and proficiency. No student may advance with his class, or be admitted to advanced standing, until he has passed the required examinations in the studies of the previous year, or a majority of them; nor may he become a member of the third class, until he has passed all the examinations of the first, including the admission examinations in Chemistry, and in addition a majority of those of the second year; nor of the fourth class, until he has passed all the examinations of the first and second years, in addition to a majority of those of the third year.

No student will be permitted to continue his membership in the School, if at the beginning of his second year he has passed none of the first-year examinations.

In order that the time of study shall count as a full year, students of all classes must present themselves within the first week of the School year and register their names with the Secretary.

Students who began their professional studies in other recognized Medical Schools may be admitted to advanced standing; but all persons who apply for admission to the advanced classes must furnish a satisfactory certificate of time spent in medical studies, and must pass examinations in the branches already pursued by the class to which they seek admission, and fulfil all other requirements for admission.

Any student may obtain a certificate of his period of connection with the School.

DIVISION OF STUDIES.

FOR THE FIRST YEAR.	FOR THE SECOND YEAR.	FOR THE THIRD YEAR.	FOR THE FOURTH YEAR.	ELECTIVES.
*Anatomy (Practical). 2	*Bacteriology. 1	Theory and Practice. 3	Clinical Medicine. 3	Anatomy. 2
*Histology. 1	*Pathology. 3	Pediatrics. 2	Clinical Surgery. 3	Advanced Histology. 2
Physiology. 3	Anatomy. 2	Surgery (written 2 hrs., practical 1 hr.) 3	*Orthopedics. 1	Histology of the Nervous System. 2
Physiological Chemistry. 1½	Clinical Chemistry. 2	Obstetrics. 3	*Syphilis. 1	Embryology. 2
Optional courses in above subjects.	Materia Medica and Therapeutics. 2	Gynaecology. 1	*Ophthalmology. 1	Physiology. 2
	Optional Courses in Pathology. 1	Dermatology. 1	*Otology. 1	Physiological Chemistry. 2
	Theory and Practice. 1	Neurology. 1	*Laryngology. 1	*Clinical Chemistry. 1
	Clinical Medicine. 1	Psychiatry. 1	*Legal Medicine. 1	Bacteriology. 2
	Surgery. 1	Clinical Medicine. 1	Hygiene. 1	Comparative Etiology of Infectious Diseases. 1
		Clinical Surgery. 1	Clinical Microscopy. 1	Clinical Microscopy. 1
			Genito-urinary Surgery. 1	Operative Surgery. 1
			Ovarian tumors. 2	†Orthopedics. 2
			Psychiatry. 1	*Operative Obstetrics. 1
			Municipal Sanitation. 2	Gynaecology. 2
				Dermatology. 2
				Neurology. 2
				Ophthalmology (pract.) 1
				†Otology. 2
				Hygiene. 2

NOTE:—Subjects in which an examination is required are in roman letters. The number following the name of the examination indicates the number of hours credited to the examination. In the fourth year, electives must be chosen whose examinations shall aggregate three hours, * Examination in February. † These electives count as one hour electives.

METHODS OF INSTRUCTION.

The following methods of instruction are adopted in the several departments : —

NOTE.—The figures at the right of the page indicate as accurately as can be ascertained the number of hours of instruction which each student receives in the different courses.

ABBREVIATIONS USED IN THE FOLLOWING PAGES, AND IN THE
TABULAR VIEWS.

B.C.H.	= Boston City Hospital.
B.D.	= Boston Dispensary.
B.I.H.	= Boston Insane Hospital (Pierce and Austin Farms).
B.L.H.	= Boston Lying-In Hospital.
Ch.H.	= Children's Hospital.
E. and E.I.	= Massachusetts Charitable Eye and Ear Infirmary.
H.M.S.	= Harvard Medical School.
I.H.	= Infants' Hospital.
L.I.H.	= Long Island Hospital.
McL.H.	= McLean Hospital.
M.G.H.	= Massachusetts General Hospital.
S.D.B.C.H.	= South Department, Boston City Hospital.
S.H.	= Samaritan Hospital.
S.O.P.D.	= Surgical Out Patient Department.

Anatomy.

THOMAS DWIGHT, M.D., LL.D.,	<i>Parkman Professor of Anatomy.</i>
FRANKLIN DEXTER, M.D.,	<i>Associate Professor of Anatomy.</i>
SEABURY W. ALLEN, M.D.,	<i>Assistant in Anatomy.</i>
HARRIS P. MOSHER, M.D.,	<i>Assistant in Anatomy.</i>
ERNEST B. YOUNG, M.D.,	<i>Assistant in Anatomy.</i>
CHARLES S. BUTLER, M.D.,	<i>Assistant in Anatomy.</i>
HENRY O. MARCY, JR., M.D.,	<i>Assistant in Anatomy.</i>
GEORGE S. WHITESIDE, M.D.,	<i>Assistant in Anatomy.</i>
LINCOLN DAVIS, M.D.,	<i>Assistant in Anatomy.</i>
FREDERICK WINSLOW STETSON, M.D.,	<i>Assistant in Anatomy.</i>
JOHN WARREN, M.D.,	<i>Demonstrator of Anatomy.</i>

First year.—The instruction consists of lectures; various practical exercises, including abundant dissection under the direction of the Associate Professor; recitations; and demonstrations. The means and

methods of illustrating the anatomical lectures probably are unrivalled in this country. The system of demonstrations to small sections has been greatly extended.

Second year.—Much use is made of frozen sections and of the living model.

Fourth year.—There is an elective course in the dissecting room. The Demonstrator will furnish the details upon application.

Text-books.—Gray. Morris. Quain. Cunningham. Gerrish. Dwight, Frozen Sections of a Child. Treves, Applied Anatomy. Dexter, Anatomy of the Peritoneum.

Collateral Reading.—Testut, Anatomie Humaine. Tillaux, Anatomie topographique. Holden, Osteology. Humphry, Human Skeleton. Morris, on the Joints.

FIRST YEAR.

October.

Lectures. Professor DWIGHT. <i>Daily.</i>	24
Demonstrations and study of bones and joints. <i>Three hours daily.</i>	72

November and December.

Lectures. Professor DWIGHT. <i>Twice a week.</i>	16
Demonstrations. Professor DEXTER. <i>Four times a week to each section of the class.</i>	32
Practical anatomy with recitations. <i>Three hours a day, five times a week.</i>	120

January.

Lectures and demonstrations. Professor DWIGHT. <i>Every Saturday.</i>	4
Lectures. Professor DEXTER. <i>Daily.</i>	24
Demonstrations. Dr. WARREN. <i>Five times a week to each section of the class.</i>	20
Demonstrations and study of the brain and organs of sense. <i>Three hours a day, five times a week.</i>	60
Practical anatomy with recitations. <i>Three hours a day, five times a week.</i>	60

May.

Optional course. *Afternoons, daily.*

SECOND YEAR.

February and March.

Lectures. Professor DWIGHT. <i>Eight times a week, in sections.</i>	
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FOURTH YEAR.

February, March, and April.

Elective course. Dr. WARREN.	90
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Histology and Embryology.

CHARLES S. MINOT, S.D., LL.D., *Professor of Histology and Human Embryology.*

WILLIAM R. P. EMERSON, M.D., *Assistant in Histology.*

JAMES C. DONOGHUE, M.D., *Assistant in Histology.*

RALPH C. LARRABEE, M.D., *Assistant in Histology.*

FREDERICK A. WOODS, M.D., *Instructor in Histology and Embryology.*

JOHN L. BREMER, M.D., *Assistant in Histology.*

FREDERIC T. LEWIS, M.D., *Austin Teaching Fellow in Histology and Embryology.*

LABORATORY.

The laboratory comprises a general class room with places for ninety men, and four smaller rooms for the officers of instruction, advanced workers, and for the library and collections. There are 215 microscopes for students' use, which are let to students for three dollars a term. There are over 13,000 permanent preparations used in the class work, a histological collection illustrating most of the features of the microscopic structure of the higher animals, and an embryological collection which includes nearly five hundred embryos of various selected vertebrates cut into serial sections, and thoroughly catalogued. There are also numerous wax and paper models for use in the course of instruction.

The equipment includes numerous microtomes, most of the leading patterns being represented, and many other pieces of apparatus, offering altogether ample facilities for elementary and advanced work and for investigation.

The library consists of complete sets of the most important histological and embryological journals, of the standard text-books, and of a private collection, which is open to investigators, of about four thousand pamphlets. A card catalogue and a classified bibliography is maintained, which gives ready access to the literature of histology and embryology.

Text-books.—Stöhr, Manual of Histology. Böhm and von Davidoff, A Text-Book of Histology.

Collateral Reading.—Quain, Anatomy. Lee, Microtome's Vademecum. Kölliker, Gewebelehre. Minot, Human Embryology. Marshall, Vertebrate Embryology.

REGULAR COURSES.

First year.—Histology is taught by lectures and laboratory work; twenty-two hours a week are required during October, November, and December, and sixteen hours during January. Every student is recom-

mended to purchase a microscope, but microscopes may be rented, by those who do not possess them, for three dollars a term. Each student is charged a laboratory fee of two dollars.

Fourth year.—Three elective courses are offered, (a) Embryology, (b) Advanced Histology, (c) The Histology of the Nervous System. Each of these courses occupies ten hours a week during the second term.

FIRST YEAR.

October.

Lectures. Professor MINOT.	<i>Six times a week.</i>	24
Laboratory work. Drs. EMERSON, DONOGHUE, LARRABEE, WOODS, BREMER, and LEWIS.	<i>Three hours, five times a week.</i>	60

November and December.

Lectures. Professor MINOT.	<i>Twice a week.</i>	16
Laboratory work.	<i>Four hours, four times a week: three hours, once a week.</i>	72

January.

Lectures. Professor MINOT.		16
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FOURTH YEAR ELECTIVES.

(a) Embryology. Professor MINOT, and Dr. WOODS.	<i>Ten hours a week, second half-year.</i>	160
(b) Advanced Histology. Professor MINOT, and Drs. EMERSON and WOODS.	<i>Ten hours a week, second half-year.</i>	160
(c) Histology of the Nervous System. Professor MINOT, and Drs. BREMER and LEWIS.	<i>Ten hours a week, second half-year.</i>	160

GRADUATE COURSES.

I. Professor MINOT, with Dr. LEWIS, will give a course of thirty-two exercises on Elementary Human Embryology for practitioners. This course can be extended by a supplementary course of the same length. Fee, \$25.

Graduates taking these courses will be allowed the privilege of the Histological Laboratory. There will be an additional charge of \$5 for reagents and material.

II. Professor MINOT with Drs. WOODS and BREMER will give a course intended for persons who wish to make a special study of Vertebrate or Human Embryology. This course is open to registered students of the Graduate Department of the Faculty of Arts and Sciences, and will be offered hereafter also as a special course to graduate students of the Medical School.

This course will extend through the entire year, but in two parts of one term each. The resources of the Embryological Laboratory in apparatus and material render it possible to offer unusually favorable opportunities for both general study and special research. The course is arranged for those who, as morphologists, anatomists, and practitioners, wish to give the principal part of their time for one or more school terms to the subject. It will cover the whole field of Embryology, including the genital products, the theories of heredity and sex, the formation of the germ-layers, differentiation of the organs, the history of the placenta and the general morphology of Vertebrates or of Man. Most of the work will be done by the student in the laboratory, but there will also be formal lectures. Students taking this course will be expected to devote to it not less than eighteen hours a week.

Fee, for one term, \$75. Two terms, \$125.

The above courses I and II will be limited to twelve students in each course.

INVESTIGATION.

Special accommodations are furnished in the laboratory for students who wish to pursue special or advanced work. Special facilities are offered to original investigators, who will receive such personal aid as may be necessary or advantageous.

A special course in vertebrate embryology is given during the second term; this has been accepted by the Faculty of Arts and Sciences, and is open to students of the academic departments.

Physiology.

HENRY P. BOWDITCH, M.D., LL.D., D.Sc., *Professor of Physiology.*

WILLIAM T. PORTER, M.D., *Associate Professor of Physiology.*

RUSSELL BURTON-OPITZ, M.D., *Assistant in Physiology.*

WALTER B. CANNON, M.D., *Instructor in Physiology.*

RALPH S. LILLIE, Ph.D., *Assistant in Physiology.*

First Year. — The method of teaching Physiology consists in placing before the student the classical experiments of the science grouped in the most instructive sequence. The student himself performs as many of these as his own skill and the length of the course permit. What he does he is required to do well. The experiments selected are those which best illustrate the several groups or chapters of which physiology is composed. Preference, where possible, is given to observations used in clinical medicine. The observations which he cannot himself make the student reads with an understanding grounded on his own practical experience. The facts thus gained are discussed in conferences, written tests, formal lectures, and recitations.

In the laboratory the student works fourteen hours a week during six weeks, and ten hours a week during the ten other weeks of the course. Each student is required to preserve in his laboratory note-book the graphic records obtained in his experiments together with a brief account of his own observations. The character of the laboratory instruction may be seen from the examination questions, p. 91.

The conferences are held for half an hour five times a week for fifteen weeks. They are devoted to questions and explanations concerning the experimental work and are in fact a combination of recitation and lecture.

The written tests are twenty-minute examinations held daily during fifteen weeks. The following are some of the questions: State experiments to show where stimulation begins on closure of the galvanic current. What is the reaction of degeneration? Mark on the intra-ventricular pressure curve the moment of opening and closure of the mitral and aortic valves. Give a brief account of the digestion of fat. Give evidence to show that afferent impulses are transmitted by the posterior roots of spinal nerves. Prove the existence of "hot and cold spots" on the skin. Cite experiments to show that the crystalline lens changes its shape in accommodation.

Formal lectures illustrated with demonstrations are held five times a week from the sixth to the fifteenth week inclusive.

Two recitations are given weekly during fifteen weeks; for one of these the class is divided into sections, each in charge of one instructor.

A special demonstration is given every Saturday during fifteen weeks; the motor areas of the cortex of the brain, and the action of the chorda tympani nerve on the secretion of saliva are examples of the subjects chosen for demonstration.

Each student is required to write a physiological thesis the material for which must be taken directly from the report of the original investigations. In addition each student is required to prepare at least one investigation not included in those used for his thesis. About one hundred of the theses are selected for discussion by the class and staff. The subjects chosen are as a rule such as will supplement the instruction given in other ways. The discussions are held five times a week from the sixth to the fifteenth week inclusive. At each meeting two theses are read. The discussion is opened by three students, each of whom has prepared himself upon one of the original investigations included in the theses, and is continued by the members of the class and of the staff. Among the theses discussed in the last collegiate year were: The excretion of urea by the kidneys; Internal secretion of the pancreas; Bacteria in health; Oedema; Regeneration of blood after hemorrhage; Artificial parthenogenesis; and Aphasia.

During the afternoons of May optional lectures are given. The majority of these are discussions of original investigations made by the lecturer. Of thirty-seven optional lectures given in 1900-01, twenty-seven were of this nature. Among them were: Results of closure of the coronary arteries of the heart; Nutrition of the heart through the vessels of Thebesius; Changes in the cells of the pancreas during secretion; Cortical localization of habits; Influences affecting contraction of smooth muscle; Movements of the stomach; Growth of school children; and Chemical analysis of brain substance.

During the last two weeks of the course students who have performed the regular laboratory work with distinction may elect to perform special experimental work. Each student is provided with a sufficiently circumscribed subject, the original sources, a method, and the necessary apparatus. With this careful preparation, the fundamental discoveries in the subject chosen may be repeated and the general plan of work pursued by all students of biological science acquired.

Fourth year. — An elective laboratory course in Physiological Research is offered.

Text-books. — Foster, Text-book of Physiology. American Text-book of Physiology. Waller, Human Physiology. Porter, Introduction to Physiology. Text-book of Physiology, edited by E. A. Schäfer.

Collateral Reading. — Hermann, Lehrbuch der Physiologie. Fick, Compendium der Physiologie. Halliburton, Text-book of Chemical Physiology and Pathology. McGregor-Robertson, Elements of Physiological Physics. Landois, Manual of Human Physiology. Stirling, Practical Physiology. Gamgee, Physiological Chemistry of the Animal Body.

FIRST YEAR (Second half).

Laboratory experiments. Professor W. T. PORTER, and Drs. BURTON-OPITZ, CANNON, and LILLIE. <i>Daily except Saturday.</i>	180
Conference (75). Professor W. T. PORTER and Dr. CANNON. <i>Daily, except Saturday. First to fifteenth week, inclusive.</i>	33
Written tests (75). <i>Daily, except Saturday. First to fifteenth week, inclusive.</i>	25
Lectures, with demonstration (50). Professor W. T. PORTER and Dr. CANNON. <i>Daily, except Saturday. Sixth to fifteenth week, inclusive.</i>	25
Special demonstrations (15). Professor W. T. PORTER and Dr. CANNON. <i>Saturdays. First to fifteenth week, inclusive.</i>	15
Recitations (15). Professor BOWDITCH. <i>Saturdays. First to fifteenth week, inclusive.</i>	15

- Recitations (15). In sections. Professor W. T. PORTER and Dr. CANNON. *Mondays. First to fifteenth week inclusive.* 11
- Discussion of Theses (50). *Daily, except Friday. Sixth to fifteenth week, inclusive.* 40
- Optional lectures. Professors BOWDITCH and W. T. PORTER, Drs. BURTON-OPITZ, CANNON, and LILLIE. *Afternoons in May, except Saturdays.* (In 1900-01 there were 37 optional lectures.) 25
- Thesis. Written by each student from the original sources.
- Reading of investigations. The reading of one or more investigations and the discussion of these at the appropriate conference.
- Special experimental work. Optional during the fifteenth and sixteenth weeks, for selected students.

FOURTH YEAR ELECTIVE.

- Physiological Research. Professor W. T. PORTER 160

Chemistry.

- EDWARD S. WOOD, M.D., *Professor of Chemistry.*
- WILLIAM B. HILLS, M.D., *Associate Professor of Chemistry.*
- JOHN M. CONNOLLY, M.D., *Assistant in Chemistry.*
- HENRY F. HEWES, M.D., *Instructor in Clinical Chemistry.*
- ROBERT L. EMERSON, M.D., *Instructor in Physiological Chemistry.*
- MAYNARD LADD, M.D., *Assistant in Physiological Chemistry.*
- PERCY MUSGRAVE, M.D., *Assistant in Chemistry.*

First year. — The course in Physiological Chemistry extends through twelve weeks and consists of five lectures, demonstrations, or recitations, and of five laboratory exercises of at least three hours' duration a week. The course is so arranged that the student is enabled to conduct his laboratory work on the various subjects included in the course in direct connection with the lecture room instruction.

The subjects studied in this course are the carbohydrates; the proteids, their composition, relationships, chemical properties, methods of precipitation and separation; the fats; the chemistry of epithelial, connective, muscular, and nervous tissues; the chemistry of digestion; bile; blood; lymph; milk; and urine.

Special attention is given to the study of the urine. Each student examines, chemically and microscopically, a large number of specimens, and becomes thoroughly familiar with the composition of this secretion in normal and pathological conditions, and with the best methods for the detection of pathological constituents. The best methods for the quantitative determination of the more important normal and pathological constituents of the urine are also taught.

Second year.—The instruction in Chemistry is chiefly clinical in character. Each student is drilled thoroughly in the diagnosis of kidney and other diseases from the examination of pathological urines obtained daily from the hospitals. The class in sections receives practical instruction in the clinical examination of the blood and of gastric contents, and is taught the medico-legal examination of blood and other stains, the analysis of pathological concretions and fluids, and clinical toxicology.

Fourth year.—In the elective in Physiological Chemistry the students analyze urine, bile, gastric juice, bone, muscle, adipose tissue, and faeces as obtained in health and in disease. They extract and isolate the more important constituents present. In the same way they study various pathological fluids and concretions.

The Chemical Laboratory at the Massachusetts General Hospital is open for original research in experimental medicine.

In Clinical Chemistry the elective consists of: (a) Urine, (b) Medico-legal Chemistry, i.e. examinations of poisons, blood, and other stains, (c) Clinical Examination of the Blood. Each student must work 128 hours in the laboratory on one or more of these branches.

Text-books.—Hammarsten, Physiological Chemistry. Ogden, Clinical Examination of the Urine. Tyson, Practical Examination of Urine. Wharton and Stillé, Medical Jurisprudence, Vol. II., on Poisons.

Collateral Reading.—Halliburton, Text-book of Chemical Physiology and Pathology. Stirling, Practical Physiology. Gamgee, Physiological Chemistry of the Animal Body. Novy, Laboratory Work in Physiological Chemistry. Roberts, Urinary and Renal Diseases. Purdy, Practical Urinalysis and Urinary Diagnosis. Taylor on Poisons. Lea, Chemical Basis of the Animal Body (appendix to Foster's Text-book of Physiology). Vaughan and Novy, Ptomaines and Leucomaines.

PHYSIOLOGICAL CHEMISTRY.

FIRST YEAR.

Lectures and demonstrations. Professor HILLS. *Daily, except Saturdays, during February, March, and April.* 60

Laboratory exercises. Professor HILLS, and Drs. CONNOLLY, EMERSON, LADD, and MUSGRAVE. *Daily, except Saturdays, for two and one-half hours during February, March, and April.* 150

FOURTH YEAR ELECTIVE.

Laboratory work. Asst. Professor PFAFF. (M.G.H.) *Two half-days a week throughout the year.* 256

CLINICAL CHEMISTRY.

SECOND YEAR.

Lectures, demonstrations, and conferences. Professor WOOD. *Four hours a week, second half-year.* 64

Laboratory exercises. Professor WOOD, and Drs. CONNOLLY, EMERSON, LADD, and MUSGRAVE. *Eight hours a week, second half-year.* 128

FOURTH YEAR ELECTIVE. (128 hrs.)

(a) Urine. Professor WOOD and Dr. EMERSON. *First half-year.*

(b) Medico-legal Chemistry. Professor WOOD and Dr. EMERSON. *First half-year.*

(c) Clinical Examination of the Blood and Gastric Contents. Professor WOOD and Dr. HEWES. *First half-year.*

Bacteriology.

HAROLD C. ERNST, M.D., *Professor of Bacteriology.*

CALVIN G. PAGE, M.D., *Assistant in Bacteriology.*

FRANCIS P. DENNY, M.D., *Assistant in Bacteriology.*

WILLIAM HENRY ROBEY, JR., M.D., *Assistant in Bacteriology.*

HENRY J. PERRY, M.D., *Assistant in Bacteriology.*

EUGENE E. EVERETT, M.D., *Assistant in Bacteriology.*

GEORGE P. SANBORN, M.D., *Assistant in Bacteriology.*

LANGDON FROTHINGHAM, M.D.V., *Austin Teaching Fellow in Bacteriology.*

JOSEPH D. WEIS, M.D., *Austin Teaching Fellow in Bacteriology.*

Second year. — Required bacteriology is taught by lectures and practical laboratory work. The lectures treat of the general subject and of methods of practical work. In the laboratory each student has an opportunity to become familiar with the simpler methods of manipulation and staining which are of especial clinical value, and with the more prominent of the pathogenic bacteria.

Fourth year. — The elective course offered is mainly practical.

Opportunities for special investigation will be offered such students as can give the necessary time in the laboratory.

Text-books. — Muir and Ritchie. Abbott. Park.

Collateral Reading. — Sternberg. Heim. Migula.

SECOND YEAR.

Lectures. Professor ERNST. *Daily, except Saturdays, during October and November.* 40

Laboratory work. Professor ERNST, and Drs. PAGE, DENNY, ROBEY, PERRY, EVERETT, SANBORN, FROTHINGHAM, and WEIS. *Two to three hours daily during October and November.* 120

FOURTH YEAR ELECTIVE.

Advanced Bacteriology. Professor ERNST, and Drs. PAGE, DENNY, ROBY, and PERRY. Lectures and laboratory work during the second half-year. (This course is intended to encourage original work. The amount of time to be devoted to it has not yet been determined.)

Pathology.

WILLIAM T. COUNCILMAN, M.D., *Shattuck Professor of Pathological Anatomy.*

FRANK B. MALLORY, M.D., *Associate Professor of Pathology.*

EDWARD W. TAYLOR, M.D., *Instructor in Neuropathology.*

JAMES H. WRIGHT, M.D., *Instructor in Pathology.*

GEORGE B. MAGRATH, M.D., *Assistant in Pathology.*

JOSEPH H. PRATT, M.D., *Instructor in Pathology.*

FREDERICK H. VERHOEFF, M.D., *Assistant in Pathology.*

WILLIAM W. WILLIAMS, M.D., *Assistant in Pathology.*

Second year.—The course in Pathology consists of laboratory work, demonstrations, conferences, and lectures. During the forenoons of October and November a course in general pathology is given. The basis of the work is formed by a laboratory course in which microscopic work is combined with demonstrations and examinations of gross specimens. A lecture with stereopticon demonstrations is given daily at the end of the exercises in order to explain more fully the lesions studied in the laboratory.

During the forenoons of December and of the first and second weeks of January the work consists chiefly of the study and diagnosis of tissues from post-mortem examinations. So far as possible all the organs from a cadaver are demonstrated together, and the relation of the lesions explained. The organs are examined by the naked eye, and microscopically in frozen sections. Tumors and other pathological products are examined in the same way. An abundance of material is provided for the course. Lectures and laboratory talks are given daily.

In the forenoons of the last two weeks of January, Professor T. SMITH gives a course of lectures and laboratory exercises on animal parasites, particularly the protozoa and the infections produced by them.

During the afternoons of December and January two optional courses are offered in the special pathology of neurology and surgery; the courses constitute a valuable introduction to the clinical work required in these subjects in the third year.

These courses are :—

- (a) Sixteen demonstrations and laboratory exercises on the pathology of the nervous system. (See Neurology.)
- (b) Twenty laboratory exercises in surgical pathology. (See Surgery.)

Text-books.—Ziegler, General and Special Pathology. Stengel, A Text-book of Pathology. Mallory and Wright, Pathological Technique.

Collateral Reading.—Thoma, Pathologische Anatomie. Orth, Pathologische Anatomie; Diagnostik. Ribbert, Pathologische Histologie, Lehrbuch der Allgemeinen Pathologie. Lubarsch and Ostertag, Ergebnisse der Pathologie und Anatomie.

SECOND YEAR.

Lectures or conferences. Professor COUNCILMAN. <i>Daily for fourteen weeks, October, November, December, and January.</i>	84
Lectures. Professor T. SMITH. <i>One hour daily, third and fourth weeks of January.</i>	12
Laboratory work. Professors COUNCILMAN and MALLORY, and Drs. WRIGHT, MAGRATH, PRATT, VERHOEFF, and WILLIAMS. <i>Three hours daily during the forenoons of October, November, December, and the first two weeks of January.</i>	252
Demonstrations and laboratory work. Professor T. SMITH. <i>Two hours daily, third and fourth weeks of January.</i>	24
Optional course (a). Dr. TAYLOR. <i>Afternoons in December.</i>	32
Optional course (b). Dr. NICHOLS. <i>Afternoons in January.</i>	40

Comparative Pathology.

THEOBALD SMITH, M.D., *George Fabyan Professor of Comparative Pathology.*

CHARLES H. BOXMEYER, A.B., *Austin Teaching Fellow in Comparative Pathology.*

The laboratory is open from October to June to a limited number of men qualified to do original research work. Instruction is given by means of lectures upon selected subjects and by laboratory exercises.

Fourth year.—An elective course consisting of lectures and demonstrations on the comparative etiology of infectious diseases is given during the second term. In this course much time is devoted to the discussion of the general principles underlying infection and immunity, and to public health problems arising from infectious diseases of animals

SECOND YEAR.

- Lectures. Professor T. SMITH. (H.M.S.) *One hour daily, third and fourth weeks of January.* 12
- Demonstrations and laboratory work. Professor T. SMITH. *Two hours daily, third and fourth weeks of January.* 24
- (This course forms part of the required work in Pathology.)

FOURTH YEAR ELECTIVE.

- Lectures. Professor SMITH. (H.M.S.) *Twice a week, second half-year.* 32

Materia Medica and Therapeutics.

FRANZ PFAFF, M.D., *Assistant Professor of Pharmacology and Therapeutics.*

JAMES O. JORDAN, Ph.G., *Assistant in Materia Medica.*

MAURICE P. O. VEJUX-TYRODE M.D., *Assistant in Pharmacology.*

Second year. — Instruction is given by lectures and recitations, and by demonstrations of the physiological action of drugs. The lectures are supplemented by an optional course in practical pharmacy, in which the compounding of prescriptions is illustrated. In addition to the lectures on therapeutics, the practical relation of remedies to diseased conditions is dwelt on in the exercises in the departments of Theory and Practice, and of Clinical Medicine.

A special laboratory has been equipped for original research in Experimental Pharmacology and Therapeutics; here a voluntary course, open to a limited number of duly qualified undergraduates, affords opportunity for practical training and instruction in the methods and use of the special apparatus employed in determining the toxic and physiological actions of drugs, and their practical value as remedies.

Text-book. — A. R. Cushny, *Pharmacology and Therapeutics.*

Collateral Reading. — Schmiedeberg, *Arzneimittellehre*. Binz, *Vorlesungen ueber Pharmacologie*. H. C. Wood, *Therapeutics*. Brunton, *Pharmacology, Materia Medica, and Therapeutics.*

SECOND YEAR.

- Lectures. Asst. Professor PFAFF. *Four times a week, Feb. to May inclusive.* 64
- Voluntary laboratory work. Mr. JORDAN and Dr. VEJUX-TYRODE. *In sections, two hours a week during April and May.*

The Theory and Practice of Medicine.

REGINALD H. FITZ., M.D., *Hersey Professor of the Theory and Practice of Physic.*

ELBRIDGE G. CUTLER, M.D., *Instructor in the Theory and Practice of Physic.*

ARTHUR K. STONE, M.D., *Assistant in the Theory and Practice of Physic.*

ELLIOTT P. JOSLIN, M.D., *Assistant in the Theory and Practice of Physic.*

FRANKLIN W. WHITE, M.D., *Assistant in the Theory and Practice of Physic.*

GEORGE S. C. BADGER, M.D., *Assistant in the Theory and Practice of Physic.*

Second year. — The instruction will be given chiefly by means of clinical teaching, for which purpose the class will be divided into sections.

Third year. — Lectures on selected topics are given at the Medical School. At the Massachusetts General Hospital there are clinical exercises in which the students are called upon to take an active part. Opportunities also are offered for bedside visits, for the examination of ambulatory patients, and for the discussion of the conclusions reached in regard to the cases examined. In the sectional teaching especial attention is paid to drill in the use of laboratory methods in medical practice.

Text-books. — Osler, *Practice of Medicine.* Tyson, *Practice of Medicine.* Strümpell, *Text-book of Medicine.*

Collateral Reading. — Loomis-Thompson, *American System of Practical Medicine.* Allbutt, *System of Medicine.* Nothnagel, *Specielle Pathologie und Therapie.* Eulenburg, *Real-Encyclopädie der gesammten Heilkunde.*

SECOND YEAR.

Clinical lectures. Dr. CUTLER. (M.G.H.) *Twice a week, second half-year.* 32

Exercises in sections. Drs. STONE, JOSLIN, WHITE, and BADGER. *Four times a week, second half-year. Sixteen hours for each student.* 16

THIRD YEAR.

Lectures on selected subjects. Professor FITZ. (H.M.S.) *Twice a week.* 64

Clinical lectures. Professor FITZ. (M.G.H.) *Twice a week.* 64

Clinical lectures. Dr. CUTLER. (M.G.H.) *Twice a week, first half-year.* 32

Exercises in sections. Drs. STONE, JOSLIN, WHITE, and BADGER. *Twice a week, first half-year. Nine hours for each student.* 9

Clinical Medicine.

FREDERICK C. SHATTUCK, M.D., *Jackson Professor of Clinical Medicine.*

GEORGE G. SEARS, M.D., *Assistant Professor of Clinical Medicine.*

JOHN H. MCCOLLOM, M.D., *Instructor in Contagious Diseases.*

CHARLES F. WITHINGTON, M.D., *Instructor in Clinical Medicine.*

HERMAN F. VICKERY, M.D., *Instructor in Clinical Medicine.*

HENRY JACKSON, M.D., *Instructor in Clinical Medicine.*

WILLIAM H. PRESCOTT, M.D., *Assistant in Clinical Medicine.*

JOHN L. AMES, M.D., *Assistant in Clinical Medicine.*

JOHN W. BARTOL, M.D., *Assistant in Clinical Medicine.*

JAMES M. JACKSON, M.D., *Assistant in Clinical Medicine.*

RICHARD C. CABOT, M.D., *Assistant in Clinical Medicine.*

WILLIAM H. SMITH, M.D., *Assistant in Clinical Medicine.*

The study of Clinical Medicine begins with the second half of the second year. Daily instruction is given by clinical lectures, hospital visits, and other exercises. The teaching for the second, third, and fourth years is graded and separate for each year, except that students of the fourth class are allowed to attend the clinical lectures given for the third class, if they wish.

Second year. — The following courses continue for four months : —

Physical diagnosis for the class in small sections. Every student attends two exercises a week.

Clinical Instruction for the entire class, twice a week, in case taking, diagnostic methods, and diagnosis.

Third year. — Four exercises a week are held in the hospital amphitheatres and wards. The teaching is more advanced and includes therapeutics. The amount of clinical material is so large that during the year a wide range of diseases is illustrated practically. Even of the rarer affections often several examples are shown.

Fourth year. — The class has two clinics a week at which special attention is paid to Clinical Therapeutics.

Conferences are held once a week throughout the year. A medical case is assigned to every student. He is required to work it up thoroughly and to write out in full the history, physical examination, differential diagnosis, and treatment. From the papers thus prepared certain ones are selected to be read before the teachers in the department and the students at the weekly conference. A full discussion is encouraged.

Every student is given an opportunity of service in a medical outpatient department under the supervision of the head of the clinic.

In the second half-year the class, divided into sections of ten, is given an opportunity to become practically familiar with diphtheria, scarlet

fever, and measles, their diagnosis, course, and treatment. This exceptional opportunity is rendered possible by the opening of the new "South" or Contagious Department of the Boston City Hospital, which accommodates two hundred and fifty patients.

Twice a week in the second half-year the entire class has a practical exercise in clinical diagnosis. Several students are assigned a case at each exercise, report upon it, and are criticised by the instructor in charge.

Text-books. — Osler, Practice of Medicine. Tyson, Practice of Medicine. Strümpell, Text-book of Medicine. Musser, Medical Diagnosis. Cabot, Physical Diagnosis. Tyson, Physical Diagnosis.

Collateral Reading. — Allbutt, System of Medicine. Loomis-Thompson, American system of Practical Medicine. Twentieth Century Practice of Medicine. Fagge and Pye-Smith, Practice of Medicine. Gowers, Diseases of the Nervous System.

SECOND YEAR.

Clinics. Assistant Professor SEARS (B.C.H.), and Dr. VICKERY (M.G.H.). *Twice a week, second half-year.* 32

Physical Diagnosis. Drs. CABOT and J. M. JACKSON (M.G.H.), Drs. AMES and BARTOL (B.C.H.), and Dr. PRESCOTT (B.D.). *Two exercises a week for each student.* 32

THIRD YEAR.

Clinics. Professor SHATTUCK. (M.G.H.) *Twice a week.* 64

Assistant Professor SEARS and Dr. H. JACKSON (B.C.H.). *Each once a week, first half-year.* 32

Dr. WITHINGTON. (B.C.H.) *Once a week, second half-year.* 16

Medical visits. Drs. G. B. SHATTUCK, WITHINGTON, WILLIAMS, H. JACKSON, SEARS, AMES, and BARTOL (B.C.H.). *Once a week.* 32

FOURTH YEAR.

Clinics with special reference to therapeutics. Professor SHATTUCK. (M.G.H.) *Once a week* 32

Assistant Professor SEARS. (B.C.H.) *Once a week, first half-year.* 16

Dr. WITHINGTON. (B.C.H.) *Once a week, second half-year.* 16

Clinical conferences. (H.M.S.) *Once a week.* 32

Contagious diseases and practical diagnosis. (Optional course.) Dr. McCOLLOM. (S.D.B.C.H.) *Two visits (one and one-half to two hours) for each student.* 3-4

Practical exercises in clinical diagnosis. Dr. R. C. CABOT. (M.G.H.) *Twice a week for two hours, second half-year.* 64

Dr. H. JACKSON. (B.C.H.) *Once a week, second half-year.* 32

Pediatrics.

THOMAS M. ROTCH, M.D., *Professor of the Diseases of Children.*

JOHN H. MCCOLLOM, M.D., *Instructor in Contagious Diseases.*

EDWARD M. BUCKINGHAM, M.D., *Clinical Instructor in Diseases of Children.*

GEORGE A. CRAIGIN, M.D., *Assistant in Diseases of Children.*

JOHN L. MORSE, M.D., *Instructor in Diseases of Children.*

MAYNARD LADD, M.D., *Assistant in Diseases of Children.*

Third Year.—Lectures on selected topics preparatory for the clinical teaching are given early in the year. Clinical lectures are given from November to April inclusive at the Children's Hospital; the students are required to take an active part in the examination and discussion of the cases, and to write their prescriptions for the treatment on the blackboard; the whole exercise is open to free criticism by the class. A certain number of recitations on subjects selected as best taught in this way are held in the course of the year, and a large amount of case teaching occurs in the latter part of the year. Sectional teaching at the bedside is given from October to May, and comprises a large proportion of the year's instruction. During the first half-year the class in sections receives instruction three times a week in the contagious wards of the Boston City Hospital, where each student is shown and examines cases of diphtheria, scarlet fever, and measles. Each student is taught the technique of intubation, and has an opportunity to see intubation performed. When material can be obtained each student is taught on the cadaver to perform intubation. A written report of the cases seen is required. In all the clinical and sectional teaching especial attention is paid to clinical therapeutics.

Text-book.—Rotch, Pediatrics.

Collateral Reading.—Keating, Cyclopaedia of the Diseases of Children. Northrup, American Edition of The Diseases of Children, by Ashby and Wright. Jacobi, Therapeutics of Infancy and Childhood. Holt, Diseases of Infancy and Childhood. Sachs, The Nervous Diseases of Children.

THIRD YEAR.

Lectures. Professor Rotch. (H.M.S. or North Grove St.). *Three times a week in October.*

Once a week, November to March inclusive. 34

Clinical lectures. Professor ROTCH. (Ch.H.). *Once a week, November to April inclusive.* 23

Recitations and Case Teaching. Dr. MORSE. (H.M.S.). *Once a week in March, twice a week in April, three times a week in May.* 24

Sectional Teaching. Professor ROTCH. (I.H.). *Once a week, November to February inclusive.*

Dr. MCCOLLOM. (S.D.B.C.H.). *Three times a week, first half-year.*

Dr. BUCKINGHAM. (Ch.H.). *Twice a week in October; three times a week in November, December, and January; twice a week in February; once a week, March and April.*

Dr. MORSE (No. Grove St. and I.H.), Dr. CRAGIN (Ch.H.). *Twice a week in October; three times a week, November, December, and January; once a week in February.*

Dr. LADD. (I.H.). *Once a week, November to February inclusive.*
Every student receives a minimum of six hours instruction in contagious diseases, and of eighteen hours in his other sectional teaching. 24

Clinical Microscopy.

WILLIAM F. WHITNEY, M.D., *Curator of the Anatomical Museum.*

Fourth year.—The course during the first half-year is optional. A similar course is given during the second half-year as an elective. The instruction is entirely practical in character. It includes the examination of fluids, tumors, curettings, and organs from autopsies. Special attention is paid to the microscopic examination of the material in the fresh condition.

Text-book.—Simon, Manual of Clinical Diagnosis.

FOURTH YEAR. OPTIONAL COURSE.

Laboratory exercises. Dr. WHITNEY. (H.M.S.) *One hour, three times a week, first half-year.* 48

ELECTIVE.

Laboratory exercises. Dr. WHITNEY. (H.M.S.) *One hour, three times a week, second half-year.* 48

Surgery.

J. COLLINS WARREN, M.D., LL.D., *Moseley Professor of Surgery.*

EDWARD H. BRADFORD, M.D., *Assistant Professor of Orthopedics.*

HERBERT L. BURRELL, M.D., *Assistant Professor of Surgery.*

JOHN HOMANS, M.D., *Lecturer on Surgery.*

GEORGE W. GAY, M.D., *Lecturer on Surgery.*

FRANCIS S. WATSON, M.D., *Lecturer on Genito-Urinary Surgery.*

JOHN C. MUNRO, M.D., *Instructor in Surgery.*

PAUL THORNDIKE, M.D. *Instructor in Genito-Urinary Surgery.*

EDWARD H. NICHOLS, M.D., *Instructor in Surgical Pathology.*

HOWARD A. LOTHROP, M.D., *Assistant in Surgery.*

CHARLES A. PORTER, M.D., *Instructor in Surgery.*

ROBERT B. GREENOUGH, M.D., *Assistant in Surgery.*

Instruction is given by systematic lectures, recitations, clinical demonstrations, and laboratory exercises.

Second year. — During the month of January there are twenty laboratory exercises in Surgical Pathology. This course includes the healing of wounds and fractures, the diseases of bones and joints, and the special pathology which is of surgical importance. In connection with the course a series of twelve clinical lectures illustrating the lesions studied is given at the Boston City Hospital.

During the second half-year thirty-two recitations and demonstrations in Surgical Pathology are held at the Medical School and at the Massachusetts General Hospital.

Exercises on the application of surgical apparatus and on bandaging are given in the laboratory to the class in sections. The mechanical treatment of each variety of fracture is illustrated, and the student himself applies the apparatus. The different forms of bandages, including all fixed protective dressings in which silicate of potash, dextrine, and plaster of paris are employed, are applied by each student under critical supervision. The apparatus used in the preparation of surgical dressings is explained in detail.

Third year. — Systematic lectures and recitations, in the proportion of three to one, are given twice a week throughout the year at the Medical School. A clinical demonstration is made once a week at the Massachusetts General Hospital in connection with these lectures.

Fourth year. — The following instruction is given : —

A required course in Orthopedic Surgery. The instruction consists of lectures at the Medical School and of clinical exercises at the Children's Hospital.

An elective course in Orthopedic Surgery, consisting entirely of clinical work.

An optional course in Genito-Urinary Surgery, consisting of lectures at the Medical School, and of clinical demonstrations at the Boston City Hospital.

An optional course of systematic lectures on Ovarian Tumors.

Surgical Operations of every variety are performed once a week both at the Massachusetts General and at the Boston City Hospitals.

Text-books. — International Text-book of Surgery. Warren, Surgical Pathology.

Collateral Reading. — An American Text-book of Surgery. Cheever, Lectures on Surgery. Dennis, System of Surgery. Wharton and Curtis, Practice of Surgery. Treves, System of Surgery. Stephen Smith, Operative Surgery. Treves, Manual of Operative Surgery. DaCosta, Modern Surgery. Waring, Manual of Operative Surgery. Scudder, The Treatment of Fractures. Dorland, Illustrated American Medical Dictionary.

SECOND YEAR.

- Laboratory course in Surgical Pathology. Dr. NICHOLS. (H.M.S.)
Twenty two-hour exercises during January. (See Pathology.) 40
- Clinical lectures in connection with the above course. Asst. Professor
 BURRELL. (B.C.H.) *Twelve exercises during January.* 12
- Recitations and demonstrations in Surgical Pathology. Dr. C. A. PORTER.
 (H.M.S. and M.G.H.) *Thirty-two exercises, second half-year.* 32
- Application of bandages and apparatus. Dr. LOTHROP. *Twelve hours
 for each student.* 12

THIRD YEAR.

- Lectures and recitations. Professor WARREN and Asst. Professor
 BURRELL. (H.M.S.) *Twice a week.* 64
- Clinical demonstrations in connection with above lectures. Professor
 WARREN. (M.G.H.) *Once a week.* 32

FOURTH YEAR.

ORTHOPEDIC SURGERY.

- Lectures. Asst. Professor BRADFORD. (H.M.S., and Ch.H.) *Once a
 week, first half-year.* 16
- Clinical exercises. Asst. Professor BRADFORD. (Ch.H.) *In sections,
 three times a week, first half-year. Three exercises for each stu-
 dent.* 3

ELECTIVE.

- Clinical exercises. Asst. Professor BRADFORD. (Ch.H.) *Twice a week,
 second half-year.* 32
- Also in sections four times a week, second half-year.* (Every student
 measures for apparatus twice, and assists at operations two or three
 times.) 8

GENITO-URINARY SURGERY.

OPTIONAL COURSE.

- Clinical lectures. Drs. WATSON and THORNDIKE. (B.C.H.) *Once a
 week.* 32

OVARIAN TUMORS.

OPTIONAL COURSE.

- Lectures. Dr. HOMANS. (H.M.S.) *Once a week for six weeks.* 6

Clinical Surgery.

CHARLES B. PORTER, M.D., *Professor of Clinical Surgery.*

MAURICE H. RICHARDSON, M.D., *Assistant Professor of Clinical Surgery.*

HENRY H. A. BEACH, M.D., *Lecturer on Surgery.*

JOHN W. ELLIOT, M.D., *Lecturer on Surgery.*

SAMUEL J. MIXTER, M.D., *Assistant in Operative Surgery.*

GEORGE H. MONKS, M.D., *Instructor in Clinical Surgery and Assistant in Operative Surgery.*

CHARLES L. SCUDDER, M.D., *Assistant in Clinical and Operative Surgery.*

JAMES G. MUMFORD, M.D., *Assistant in Clinical and Operative Surgery.*

JOHN B. BLAKE, M.D., *Assistant in Clinical and Operative Surgery.*

FRANKLIN G. BALCH, M.D., *Assistant in Clinical and Operative Surgery.*

THOMAS J. MANAHAN, M.D., *Assistant in Clinical and Operative Surgery.*

FRED B. LUND, M.D., *Assistant in Clinical and Operative Surgery.*

JOHN T. BOTTOMLEY, M.D., *Assistant in Clinical and Operative Surgery.*

GEORGE W. W. BREWSTER, M.D., *Assistant in Clinical and Operative Surgery.*

FARRAR COBB, M.D., *Assistant in Clinical and Operative Surgery.*

ERNEST A. CODMAN, M.D., *Assistant in Clinical and Operative Surgery.*

HUGH CABOT, M.D., *Assistant in Operative Surgery.*

Third year.—Instruction in Clinical Surgery is given at the Massachusetts General and Boston City Hospitals as follows:—

One clinical conference, one lecture, two visits in the hospital wards, and two public operating days each week.

At the conference a student of the third class presents an elaborate and carefully prepared paper on a surgical case which has been assigned him in the hospital wards. This paper he is obliged to read in the amphitheatre of the Hospital before the whole class, and to defend against their criticism. At the close of the exercise the Professor of Clinical Surgery gives a résumé of the case and his opinions upon it. The students of the second class may attend these exercises preparatory to their active participation in them in their third year.

The written report of an additional case in Clinical Surgery is also required.

The class is divided into small sections and each student attends, one hour a day for six weeks, the surgical out-patient departments of the B.C.H. and the M.G.H. In this sectional teaching the students have instruction on a number of selected subjects in minor surgery, are brought into personal contact with the patient, and have practical experience in the application of bandages and surgical apparatus. They see a large number of cases of minor surgery, fractures, and dislocations. At the end of six weeks the sections are examined on the selected subjects.

Fourth year. — The exercises consist of surgical diagnosis at the bedside, one hour a week throughout the year; of two clinical lectures a week at the Massachusetts General and the Boston City Hospitals; and of evening visits of sections of the class at the Massachusetts General Hospital Accident Room to see emergency and accident cases.

The class is divided into small sections and these sections receive instruction three hours a week for six weeks in the surgical wards of the Massachusetts General and Boston City Hospitals. In this sectional teaching the students have instruction on a number of selected subjects in major surgery, are brought into personal contact with the patient at the bedside, and have practical experience in the diagnosis, prognosis, and treatment of surgical cases. At the end of the six weeks they are examined on the selected subjects.

During October there are eight exercises on surgical landmarks by Dr. MONKS. A course also is given by Asst. Professor M. H. RICHARDSON for two hours a week during the first half-year on surgical anatomy with special reference to its clinical application.

An elective course in Operative Surgery, in which all the classic and many of the modern operations are illustrated upon the cadaver, is given by the Professor of Clinical Surgery. Members of the third and fourth classes are permitted to attend the demonstrations. Students who elect the course repeat the operations on the cadaver under the supervision of the Professor and a corps of assistants.

THIRD YEAR.

- Clinical Surgery Conference. Professor C. B. PORTER. (M.G.H.) *Once a week, October to April inclusive.* 28
- Clinical lectures. Dr. GAY. (B.C.H.) *Once a week during October and November.* 8
- Asst. Professor BURRELL. (B.C.H.) *Once a week, December to May inclusive.* 24
- Surgical Visits. *In sections of one third of the class, once a week throughout the year, at each hospital, as follows: —*
- Professors C. B. PORTER and WARREN, and Dr. BEACH. (M.G.H.) *Once a week, first half-year.* 16
- Asst. Professor M. H. RICHARDSON and Dr. ELLIOT. (M.G.H.) *Once a week, second half-year.* 16
- Asst. Professor BURRELL, and Drs. MONKS, MUNRO, THORNDIKE, NICHOLS, J. B. BLAKE, LUND, and BOTTOMLEY. *Once a week throughout the year.* 32
- Clinical exercises in Out-Patient Departments. Drs. SCUDDER, MUMFORD, NICHOLS, BLAKE, BOTTOMLEY, BALCH, BREWSTER, and CODMAN. *In small sections, daily throughout the year. Each student attends one hour a day for three weeks at each hospital.* 36

FOURTH YEAR.

Clinical lectures. *Twice a week throughout the year, as follows:—*

- Professor C. B. PORTER. (M.G.H.) *Once a week, first half-year.* 16
 Asst. Professor M. H. RICHARDSON. (M.G.H.) *Once a week, second half-year.* 16
 Dr. MONKS. (B.C.H.) *Once a week, for two hours, October and November.* 16
 Asst. Professor BURRELL. (B.C.H.) *Once a week, for two hours, December to May inclusive.* 48
 Diagnosis in Clinical Surgery. Professor C. B. PORTER. (M.G.H.) *Once a week throughout the year.* 32
 Surgical emergency cases. (Voluntary.) (M.G.H.) *Every student attends two hours each evening for one week.* 12
 Surgical landmarks. Dr. MONKS. (H.M.S.) *Twice a week during October.* 8
 Regional surgery. Asst. Professor M. H. RICHARDSON. (H.M.S.) *Twice a week in October, once a week in November, December, and January.* 20
 Clinical exercises in surgical wards. Drs. MUNRO, SCUDDER, THORNDIKE, MUMFORD, LOTHROP, LUND, C. A. PORTER, COBB, BOTTOMLEY, and GREENOUGH.

ELECTIVE.

- Operative Surgery. Professor C. B. PORTER. (H.M.S.) *Twice a week after January first.* 16
 Repetition of the course by the students under the direction of Professor C. B. PORTER, and Drs. MONKS, MIXTER, MUNRO, SCUDDER, MUMFORD, BLAKE, LOTHROP, BALCH, LUND, C. A. PORTER, BOTTOMLEY, BREWSTER, COBB, CODMAN, and CABOT (H.M.S.). *Fifteen hours.* 15

Obstetrics and Gynaecology.

- WILLIAM L. RICHARDSON, M.D., *Professor of Obstetrics.*
 FRANCIS H. DAVENPORT, M.D., *Assistant Professor of Gynaecology.*
 CHARLES M. GREEN, M.D., *Assistant Professor of Obstetrics.*
 GEORGE HAVEN, M.D., *Instructor in Gynaecology.*
 MALCOLM STORER, M.D., *Assistant in Gynaecology.*
 FRANK A. HIGGINS, M.D., *Instructor in Obstetrics and Assistant in Gynaecology.*
 FRANKLIN S. NEWELL, M.D., *Assistant in Obstetrics and Assistant in Gynaecology.*
 HOWARD T. SWAIN, M.D., *Assistant in Obstetrics.*
 LEO V. FRIEDMAN, M.D., *Assistant in Obstetrics.*

OBSTETRICS.

Third year. — Instruction is given by lectures, recitations, conferences, and clinical teaching. Students are required to take charge of at least six cases of labor, to receive clinical instruction on at least one of them, to care for their patients during the convalescence, and to make full written reports of the cases. Many of these reports are read at the conferences and discussed by the class and the instructors.

Fourth year — An elective course in operative obstetrics, with practical illustrations on the cadaver and manikin, is given during the first half-year.

Text-book. — Hirst, A Text-book of Obstetrics.

Collateral Reading. — Reynolds, Practical Midwifery. Lusk, The Science and Art of Midwifery. Grandin and Jarman, Practical Obstetrics. Kucher, Puerperal Convalescence.

THIRD YEAR.

Lectures on the theory and practice of obstetrics. Professor W. L.

RICHARDSON. (H.M.S.) *Twice a week.* 64

Recitations. Dr. HIGGINS. (H.M.S.) *Once a week.* 32

Conferences. Professor W. L. RICHARDSON, Asst. Professor C. M.

GREEN, and Drs. HIGGINS, NEWELL, SWAIN, and FRIEDMAN.

(H.M.S.) *Once a week.* 32

Clinical obstetrics. Professor W. L. RICHARDSON and Asst. Professor

C. M. GREEN. (B.L.H.). *In sections, twice a week for five months.*

Every student receives four hours of instruction. 4

Practical instruction in clinical obstetrics. Drs. HIGGINS, NEWELL, SWAIN, and FRIEDMAN. *Throughout the year, i.e. every student must receive instruction on one of the six cases of labor which he attends, and may call for instruction in the other five cases if he desires.*

ELECTIVE.

Operative obstetrics. Asst. Professor C. M. GREEN. (H.M.S.) *Twelve practical exercises, November, December, and January.* 12

Repetition of the same exercises by the students under the supervision of Drs. HIGGINS, NEWELL, SWAIN, and FRIEDMAN. *Three two-hour exercises for each student.* 6

GYNAECOLOGY.

Third year. — Lectures, recitations, and clinical instruction are given at the Boston City Hospital and the Boston Dispensary. The large out-patient departments of these institutions are utilized to accustom the student to the methods of examination, to the perfecting of diagnosis, and to the simple forms of treatment.

Fourth year. — An elective course is offered. The instruction is more advanced. Clinical and operative instruction is given in the wards of the Boston City Hospital. Cases are assigned to the students for examination, are reported in full at conferences held once a week, and are discussed by members of the class and by the instructors.

Text-book. — Garrigues, Diseases of Women.

Collateral Reading. — Skene, Diseases of Women. Davenport, Diseases of Women. Winckel, Diseases of Women. Emmet, Principles and Practice. Dudley, Diseases of Women. Byford, Manual of Gynaecology. Penrose, Textbook of Diseases of Women.

THIRD YEAR.

Lectures or recitations. Asst. Professor DAVENPORT. (H.M.S.) *Twice a week, first half-year.* 32

Clinical exercises. Drs. HAVEN and STORER (B.D.), Drs. HIGGINS and NEWELL (B.C.H.). *In sections, six times a week till January, then three times a week. Every student receives six hours of instruction.* 6

FOURTH YEAR ELECTIVE.

Clinical and operative exercises. Asst. Professor C. M. GREEN. (B.C.H.) *Twice a week throughout the year.* 64

Clinical conferences. Asst. Professor C. M. GREEN. (H.M.S.) *Once a week, second half-year.* 16

Dermatology and Syphilis.

JAMES C. WHITE, M.D., *Professor of Dermatology.*

ABNER POST, M.D., *Instructor in Syphilis.*

JOHN T. BOWEN, M.D., *Instructor in Dermatology.*

CHARLES J. WHITE, M.D., *Assistant in Dermatology.*

DERMATOLOGY.

Third year. — A combined course of systematic lectures and clinics extends throughout the year.

Fourth year. — An elective course is given; the instruction is clinical. The out-patient department at the Massachusetts General Hospital furnishes ample means of illustration. In connection with the work a special laboratory course is given on the pathological histology and parasitism of skin diseases, and on the methods of research employed.

Collateral Reading. — Duhring, Hyde, Robinson, Crocker, Kaposi, v. Ziemssen, Besnier, Van Harlingen, Jackson, Taylor.

THIRD YEAR.

Lectures on diseases of the skin. Professor WHITE. (H.M.S.) *Once a week.* 32

Clinical dermatology. Professor WHITE. (M.G.H.) *Once a week.* 32

FOURTH YEAR ELECTIVE.

- Clinical dermatology. Dr. BOWEN. (M.G.H.) *Twice a week.* 64
 Laboratory instruction in pathological histology and parasitism. Drs.
 BOWEN and C. J. WHITE. (*An optional course open to those who
 elect Clinical Dermatology.*) *Eight exercises of two hours each,
 during second half-year.* 16

SYPHILIS.

Fourth year. — Lectures and clinical instruction are given at the Boston Dispensary.

FOURTH YEAR.

- Didactic and clinical lectures. Dr. POST. (B.D.) *Once a week, first
 half-year.* 16
 Clinical exercises. Dr. POST. (B.D.) *In sections, three times a week,
 first half-year. Each student attends six two-hour exercises.* 12

Neurology.

- JAMES J. PUTNAM, M.D., *Professor of Diseases of the Nervous System.*
 GEORGE L. WALTON, M.D., *Clinical Instructor in Diseases of the Ner-
 vous System.*
 PHILIP COOMBS KNAPP, M.D., *Clinical Instructor in Diseases of the
 Nervous System.*
 GEORGE A. WATERMAN, M.D., *Assistant in Neurology.*

Second year. — Instruction is given during January on the pathology of the nervous system. The course is illustrated by lantern projections of histological preparations.

Third year. — During the first half-year one lecture a week, and during the second half-year two lectures a week, are given at the Massachusetts General Hospital. The lectures are illustrated by cases from the large and excellent out-patient service, and from the medical and surgical wards of the hospital. In addition, the students are given an opportunity to study cases outside the lecture hours, and to report on them.

Fourth year. — Elective course. Every student receives two to three hours of clinical instruction a week, and has access to the clinical material furnished by the Massachusetts General and the Boston City Hospitals.

Collateral Reading. — Gowers, *Diseases of the Nervous System.* Dana, *Text-book of Nervous Diseases.* Herter, *Manual of Diagnosis of Nervous Diseases.* Sachs, *Nervous Diseases of Children.* Mills, *The Nervous System and Its Diseases.* Oppenheim, *Diseases of the Nervous System* (English translation). Berkeley, *Mental Diseases.* Church and Petersen, *Nervous and Mental Diseases.* Jacob, *Atlas of the Nervous System.*

SECOND YEAR.

Pathology of the nervous system. Dr. TAYLOR. (H.M.S.) *Sixteen exercises during December.* (See Pathology.) 32

THIRD YEAR.

Clinical exercises. Professor PUTNAM. (M.G.H.) *Once a week, first half-year; twice a week, second half-year.* 48

FOURTH YEAR ELECTIVE.

Clinical exercises. Professor PUTNAM. (M.G.H.) *Once a week, first half-year.* 16

Dr. WALTON. (M.G.H.) *Twice a week, first half-year.* 32

Dr. KNAPP. (B.C.H.) *Twice a week, second half-year.* 32

Psychiatry.

EDWARD COWLES, M.D., LL.D., *Clinical Instructor in Mental Diseases.*

EDWARD B. LANE, M.D., *Clinical Instructor in Mental Diseases.*

Third year.—Systematic lectures are given at the Medical School during the second half-year.

Fourth year.—Optional course. Clinical instruction is given twice a week during February, March, and April at the new McLean Hospital at Waverley, and at the Boston Insane Hospital (Pierce and Austin Farms).

Text-books.—Clouston. Folsom, Monograph in Pepper's System of Medicine. Regis. Chapin.

Collateral Reading.—J. Bevan Lewis. Spitzka. Tuke, Dictionary of Psychiatric Medicine. Kraepelin, Psychiatrie. Hyslop, Mental Physiology. James, Psychology.

THIRD YEAR.

Lectures. Dr. COWLES. (H.M.S.) *Once a week, second half-year.* 16

FOURTH YEAR. OPTIONAL COURSE.

Clinical instruction. Dr. COWLES. (McL.H.) *Once a week during February, March, and April.* 12

Dr. LANE. (B.I.H.) *Once a week during February, March, and April.* 12

Ophthalmology.

OLIVER F. WADSWORTH, M.D., *Williams Professor of Ophthalmology.*

MYLES STANDISH, M.D., *Instructor in Ophthalmology.*

EDWIN E. JACK, M.D., *Assistant in Ophthalmology.*

ALLEN GREENWOOD, M.D., *Assistant in Ophthalmology.*

ALEXANDER QUACKENBOSS, M.D., *Assistant in Ophthalmology.*

Fourth year. — Instruction consists of lectures at the Medical School, and of clinical demonstrations at the Massachusetts Charitable Eye and Ear Infirmary, and at the Boston City Hospital.

The elective course consists of clinical work at the Massachusetts Charitable Eye and Ear Infirmary.

Text-books. — DeSchweinitz. Fuchs. Swanzy.

Collateral Reading. — Loring, On the Ophthalmoscope. Landolt, Refraction and Accommodation. Noyes. Norris and Oliver, System of Diseases of the Eye.

FOURTH YEAR.

Lectures. Professor WADSWORTH. (H.M.S.) *Twice a week, in October and November.* 16

Clinical exercises. Professor WADSWORTH, and Drs. STANDISH and JACK (E. and E.I.) and GREENWOOD (B.C.H.). *In sections, eight hours a week, first half-year. Every student receives sixteen hours of instruction.* 16

ELECTIVE.

Clinical exercises. Professor WADSWORTH. (E. and E.I.) *Two two-hour exercises a week, second half-year.* 64

Otology.

CLARENCE J. BLAKE, M.D., *Professor of Otology.*

J. ORNE GREEN, M.D., *Clinical Professor of Otology.*

EUGENE A. CROCKETT, M.D., *Assistant in Otology.*

PHILIP HAMMOND, M.D., *Assistant in Otology.*

Fourth year. — Lectures and clinical instruction are given at the Massachusetts Charitable Eye and Ear Infirmary.

Text-books. — Politzer, by Dalby. Hovell, Diseases of the Ear and Naso-Pharynx. Buck, First Principles of Otology.

Collateral Reading. — Schwartz, Handbuch der Ohrenheilkunde.

FOURTH YEAR.

Lectures. Professor C. J. BLAKE. (H.M.S.) *Twice a week during October.* 8

Professor J. O. GREEN. (H.M.S.) *Once in October.* 1

Professor J. O. GREEN. (H.M.S.) *Twice a week during November.* 8

Professor C. J. BLAKE or Professor J. O. GREEN. (H.M.S.) *Twice a week during December.* 8

Clinical exercises. Professors C. J. BLAKE and J. O. GREEN. (E. and E.I.) *In sections, two hours, three times a week, first half-year. Every student attends four or five exercises.* 8-10

Anatomy of the ear. Dr. HAMMOND. (H.M.S.) *Two recitations a week during October. One exercise for each student.* 1

ELECTIVE.

Clinical exercises. Professors C. J. BLAKE and J. O. GREEN, and Drs. CROCKETT and HAMMOND. (E. and E. I.) *Three two-hour exercises a week, second half-year.* 96

Laryngology and Rhinology.

THOMAS A. DEBLOIS, M.D., *Clinical Instructor in Laryngology.*
 JOHN W. FARLOW, M.D., *Clinical Instructor in Laryngology.*
 ALGERNON COOLIDGE, JR., M.D., *Clinical Instructor in Laryngology.*

Fourth year. — Instruction in this department consists of lectures and demonstrations, and of training in the use of instruments. The entire class has one lecture a week during the first half-year. For the practical work at the Massachusetts General and Boston City Hospitals, and the Boston Dispensary, the class is divided into small sections.

FOURTH YEAR.

Lectures. Dr. DEBLOIS. (H.M.S.) *Once a week, first half-year.* 16
 Clinical exercises. Drs. DEBLOIS (B.C.H.), FARLOW (B.D.), and COOLIDGE (M.G.H.). *In sections, first half-year. Twelve exercises for each student.* 12

Legal Medicine.

FRANK W. DRAPER, M.D., *Professor of Legal Medicine.*
 EDWIN W. DWIGHT, M.D., *Instructor in Legal Medicine.*

Fourth year. — Instruction consists of lectures and medico-legal demonstrations three times a week during the first half-year.

Text-book. — Taylor, Manual of Medical Jurisprudence.

Collateral Reading. — Witthaus and Becker.

FOURTH YEAR.

Lectures and medico-legal demonstrations. Professor DRAPER. (H.M.S. and B.C.H.) *Three times a week, first half-year.* 48

Hygiene.

CHARLES HARRINGTON, M.D., *Assistant Professor of Hygiene.*
 LAWRENCE W. STRONG, M.D., *Assistant in Hygiene.*

Fourth year. — The instruction consists of lectures and demonstrations. The elective laboratory course is open to specially qualified students who may be desirous of undertaking special research, or of acquiring a practical knowledge of the analysis of foods, water, air, soils, etc.

Text-book. — Harrington, Practical Hygiene.

Collateral Reading. — Notter and Firth, Hygiene. Manson, Tropical Diseases. Newsholme, Vital Statistics. Mason, Water Supply. Abbott, Hygiene of Transmissible Diseases.

FOURTH YEAR.

Lectures and demonstrations. Asst. Professor HARRINGTON. (H.M.S.)
Three times a week, second half-year. 48

ELECTIVE.

Laboratory course for specially qualified students. Asst. Professor HARRINGTON and Dr. STRONG. (H.M.S.) *Three hours, three times a week, second half-year.* 144

Municipal Sanitation.

SAMUEL H. DURGIN, M.D., *Lecturer on Hygiene.*

FOURTH YEAR. OPTIONAL COURSE.

Lectures. Dr. DURGIN. (H.M.S.) *Twice a week, February and March.* 16

EXAMINATIONS.

The final examination in every required subject is held at the close either of the first or of the second term of the school year. The examination, therefore, in every subject occurs once a year, but an opportunity to make up failures in examinations is offered at the opening of the school year. The examination in certain studies of the first and fourth years is held at *mid-year* only, and is for those who are members of the School at the time, and for those entitled to apply for the degree, provided they have failed previously in those subjects. The *June examination* is only for those who are members of the School at the time, and for those entitled to apply for the degree. The *September examination* is only for those who have been examined previously and have failed in the subject of the examination, or for applicants for advanced standing. In some branches a portion of the examination consists of practical work in the laboratory.

The exercises of the first, second, and fourth years are omitted during the week of the mid-year examinations.

The amount of time credited to each examination is as follows:—

First Year. — Anatomy * (practical, 2 hrs.), Histology * (1 hr.), Physiology (3 hrs.), Physiological Chemistry (1½ hr.).

Second Year. — Bacteriology * (1 hr.), Pathology * (2 hrs. written, 1 hr. practical), Anatomy (2 hrs.), Clinical Chemistry (2 hrs.), Materia Medica and Therapeutics (2 hrs.).

* The examinations in these subjects are held at the end of the first half-year.

Third Year. — Theory and Practice (3 hrs.), Pediatrics (2 hrs.), Surgery (2 hrs. written, 1 hr. practical), Obstetrics (3 hrs.), Gynaecology (1 hr.), Dermatology (1 hr.), Neurology (1 hr.), Psychiatry (1 hr.).

Fourth Year. — Clinical Medicine (3 hrs.), Clinical Surgery (3 hrs.), Orthopedics* (1 hr.), Syphilis* (1 hr.), Ophthalmology* (1 hr.), Otology* (1 hr.), Laryngology* (1 hr.), Legal Medicine* (1 hr.), Hygiene (1 hr.)

Electives. — Anatomy (2 hr.), Advanced Histology (2 hr.), Histology of the Nervous System (2 hr.), Embryology (2 hr.), Physiology (2 hr.), Physiological Chemistry (2 hrs.), Clinical Chemistry* (1 hr.), Bacteriology (2 hr.), Comparative Etiology of Infectious Diseases (1 hr.), Clinical Microscopy (1 hr.), Operative Surgery (1 hr.), Orthopedics (2 hrs.), Operative Obstetrics* (1 hr.), Gynaecology (2 hrs.), Dermatology (2 hrs.), Neurology (2 hrs.), Ophthalmology (Practical, 1 hr.), Otology (2 hrs.), Hygiene (2 hr.).

In addition to the above examinations every student is required: —

To dissect the three parts of the body to the satisfaction of the demonstrator;

To present a satisfactory report of the analysis of a specimen of urine, and of the clinical examination of a specimen of blood;

To examine and report on a case of fracture, and on two other clinical cases in Surgery;

To work in medical out-patient departments during a period not exceeding four weeks, and to make a full written report on one or more medical cases;

To take charge of and report on six cases in Obstetrics, and to receive instruction on at least one of them;

To furnish satisfactory evidence of having engaged in the practical exercises in Theory and Practice;

To report a clinical case in each of the electives, Orthopedic Surgery, and Ophthalmology, if elected.

In the fourth year, three hours of examinations in electives are obligatory. *The choice of electives must be made within the first two weeks of the School year, and must be given to the Secretary in writing on blanks furnished at the Dean's office.*

The general elective courses are open to all members of the fourth class who elect them with the intention of taking the examination.

The examinations in the required courses in Orthopedic Surgery, Ophthalmology and Otology cannot be taken by those who choose electives in these subjects.. Instead, there is a two-hour examination in the elective, of which one hour is considered equivalent to the examination in the required course, and the other counts as a one-hour elective.

* The examinations in these subjects are held at the end of the first half-year.

The examination in elective Ophthalmology will be clinical and include the written report of a case.

Candidates for the degree who have served satisfactorily as Internes in the Massachusetts General Hospital, Boston City Hospital, Carney Hospital, Children's Hospital, and State Almshouse Hospital, for a period of not less than one year, may be exempt from examination in the electives of the fourth year.

No student is allowed to anticipate the examinations in the regular course of studies of his year, except by special permission of the Faculty, nor shall an undergraduate in medicine be allowed to take the examination in Advanced (2d yr.) Anatomy until he shall have passed the examination in Elementary (1st yr.) Anatomy.

After two failures to pass in any subject a charge of three dollars is made for each subsequent examination in that subject.

DEGREES.

DEGREE OF DOCTOR OF MEDICINE.

Every candidate for the degree of Doctor of Medicine at this University must be at least twenty-one years of age, and of good moral character. He must fulfil all the requirements for admission to this Medical School; must give evidence of having studied in a recognized Medical School at least four full years, of which one year must be spent at this School; must pass all required examinations, and fulfil satisfactorily the special requirements enumerated on page 45.

The degree of Doctor of Medicine will be given to those candidates who fulfil the above requirements. The degree of Doctor of Medicine *cum laude* will be given to candidates who have obtained an average of eighty per cent. or over, in all the required examinations.

Candidates for the degree must make application for it in writing, on blanks furnished at the Dean's office, on or before May 31 of the year in which they propose to graduate.

Candidates for the degree of Doctor of Medicine are not required to present a thesis; but they may present a voluntary thesis which, if of conspicuous merit, may receive honorable mention; if the thesis is also of a suitable character, it may be read at the Commencement exercises. Theses must be completed and delivered to the Dean on or before the first day of June.

A graduate of another medical school of recognized standing may obtain the degree of Doctor of Medicine at this University by fulfilling all the requirements for undergraduates above mentioned; but he may take the examination in any subject only at the times when regularly it is held, that is, in September, at the mid-year, or in June.

DEGREE OF MASTER OF ARTS.

The degree of MASTER OF ARTS is open to graduates of the Harvard Medical School who are also Bachelors of Arts of Harvard College, and to Bachelors of Arts of other Colleges who shall be recommended by the Faculty of Arts and Sciences of Harvard College. Candidates must pursue an approved course of study in Medicine for at least one year after taking the degree of Doctor of Medicine. Applications for approval of course of study offered for this degree must be made to the Administrative Board of the Graduate School on or before the *thirtieth day of April*. It is advisable to apply to the Board *early in the year*.

FEES AND EXPENSES.

The fees are:—For matriculation, *five dollars*; for the first three years, *two hundred dollars* for each year (if in two payments, at the first, one hundred and twenty dollars; at the second, eighty dollars); for a half-year alone, *one hundred and twenty dollars*; for the full year, to all students entitled to be classified as fourth-year students and who have been regular members of the School for three full years, *one hundred dollars* (if in two payments, at the first, sixty dollars; at the second, forty dollars); for graduation, *thirty dollars*.

During the first two years there are the following additional expenses: two dollars for each of the three parts required for dissection; two dollars for laboratory materials in Histology; three dollars for physiological material; and a maximum of five dollars a year for chemical material, in addition to the charge for breakage of glass apparatus. Students who pay in advance are required to deposit with the Bursar six dollars to cover Anatomy charges, two dollars for Histology, and fifteen dollars for Chemistry and Physiology. The balances of these deposits are returnable at the end of the year.

A deposit of two dollars with the Dean will entitle a student to the use of a locker in the School building.

A student who wishes to rent a microscope of the School can do so upon payment of three to six dollars a half-year.

In the fourth year a charge of three dollars is made for material used in the course in Operative Surgery.

Students who do not pay in advance are required to file with the Bursar a bond for *three hundred dollars*, executed by two sufficient bondsmen (one of whom must be a citizen of the United States), or by a surety company qualified to do business in Massachusetts. All students are advised to deposit bonds. Blank forms may be obtained from the Secretary of the Faculty or from the Bursar. No officer or student of the University is accepted as a bondsman. To students depositing bonds, term-bills will be presented February 1st, to be paid on or before

February 21st; and also one week or more before Commencement, to be paid on or before the beginning of the next academic year. Such students will be held responsible for the payment of fees until they have notified the Dean, in writing, of their intention to withdraw from the School, and have subsequently received their bond from the Bursar.*

Whenever a student is obliged to withdraw from the School before the last four weeks of a half-year, for no misdemeanor, but for good and sufficient reason, to be determined in all cases by the Faculty, it shall be recommended that he be entitled to a remission of three-fourths of the amount due for that portion of the time during which he receives no instruction. This remission will date from the reception by the Dean of a written notice of the student's withdrawal from the School.

No degree will be conferred till all dues to the School are discharged.

The student's general expenses may be reduced, in accordance with his means, to the standard which prevails in other cities. A list of boarding places, at various prices, can be obtained at the rooms of the Young Men's Christian Association, corner of Berkeley and Boylston Streets, and the rooms of the Young Men's Christian Union, No. 48 Boylston Street, Boston.

CLINICAL ADVANTAGES.

The Medical Department of the University is established in Boston, in order to secure for Anatomy, Pathology, and the various Clinical Subjects those advantages which are found only in large cities.

There are Hospital visits or operations daily.

The Massachusetts General Hospital. — During the past year, more than five thousand patients were treated in the wards, and over thirty thousand in the out-patient departments. Patients are received from all parts of the United States and the Provinces, and are visited by the students, with the attending physicians and surgeons, on four days in the week. Operations are numerous, and are performed in the amphitheatre, which is provided with seats for 400 persons. Clinics in the following special branches have been established in connection with the out-patient department: Dermatology, Laryngology, Diseases of the Nervous System, and Ophthalmology. The Dalton scholarship of \$500 is open to the house pupils.

The Boston City Hospital. — During the past year, about nine thousand cases were treated in its wards, and twenty-two thousand in its various out-patient departments. The medical wards always contain many cases of acute diseases, and changes are taking place constantly. The opportunities for seeing fractures, injuries, and traumatic cases of all kinds are excellent, since, on an average, eight hundred street accidents are

* The Bursar's office is in Dane Hall, Harvard Square, Cambridge. Hours 9-1.

treated yearly. Surgical operations are performed in the amphitheatre. There are special services for diseases of women, of the eye, the ear, the skin, and the nose and throat. Diseases of women and of the nervous system are also largely treated in the out-patient department. Clinical instruction is given by the physicians and surgeons two or more times a week.

In these two hospitals the facilities for witnessing Operative Surgery are unsurpassed. Twice a week operations are performed in the presence of the class. The number of these operations is large, reaching nearly two thousand a year. The variety is great, embracing every surgical disease and injury, including the surgical operations on the eye and ear.

The Boston Lying-in Hospital.—More than six hundred patients were confined during the last year in the Hospital. In the out-patient department over sixteen hundred cases were attended by the hospital Externes, who are appointed from the third and fourth year students. Clinical instruction is given in these cases by the physicians to out-patients and by the house physicians.

The Boston Dispensary.—More than forty thousand patients were treated at this public charity during the past year. A new building has lately been erected at a cost of \$50,000, where students have ample and excellent opportunity for seeing practical work in the diagnosis and treatment of cases illustrating the various branches of Medicine and Surgery.

The Infants' Hospital.—The wards of the Hospital are devoted entirely to children under two years of age. About three thousand children of all ages are treated annually in the out-patient department. The material of the Hospital is used throughout the year for teaching both students and graduates.

Children's Hospital.—During the past year more than seven hundred cases were treated in the wards and about seventy-six hundred in the out-patient departments. Instruction in orthopedic surgery and in the general diseases of children is given by members of the hospital staff.

The Massachusetts Charitable Eye and Ear Infirmary.—Over twenty-thousand patients were treated at this institution during the past year. These cases present every variety of disease of the ear and eye, and supply a large number of operations. A new and enlarged hospital, considered to be one of the best of its kind in the world, has been erected on land adjoining the Massachusetts General Hospital. It is believed that this building will provide adequately for the proper treatment of the constantly increasing number of patients.

Long Island Hospital, Boston Harbor.—This Hospital is designed particularly for the treatment of chronic diseases. It has two hundred and fifty beds, with an average daily number of patients of about two hundred and thirty. It has marked advantages for the study of syphilis,

tuberculosis, diseases of the nervous system, and chronic diseases of the heart and of the kidneys. The number of autopsies is annually about 50 per cent of the deaths, a fact which affords an unusual opportunity for the study of pathological anatomy. The material in the Hospital is used for clinical instruction by the members of the Visiting Staff.

The Marine Hospital at Chelsea receives from the shipping of the port a large number of patients, who furnish examples of the diseases of foreign countries and of distant parts of the United States. Many cases of venereal disease, in its various forms, are treated annually.

Students are also permitted to visit the Free Hospital for Women and the Carney Hospital on application to the physicians on duty.

There are more than sixty appointments annually for Internes in the various hospitals, and nearly as many more for Assistants in the outpatient departments. Appointments for the Massachusetts General and Boston City Hospitals are for terms of one to two years (according to the service chosen); for the Boston Lying-in Hospital for six months, and for the Free Hospital for Women for nine months.

WARREN MUSEUM.

The collection has about nine thousand specimens, illustrating both normal and pathological anatomy and materia medica. These are placed in the hands of the student at any time during the day, upon application to the Curator.

Besides dissections and serial sections of many bones, the anatomical collection includes many corrosive preparations, plaster and papier maché models of bones, organs, and various parts of the body, and frozen sections.

The pathological collection is being constantly enlarged by the addition of numerous specimens, preserved in their natural colors by Kaiserling's method.

LIBRARIES.

Medical School students who are engaged in research work have access to the special libraries of the various departments on application to the persons in charge.

The College Library at Cambridge is open to the students of this School.

The Boston Public Library, which contains a large collection of medical books, is open to students who are inhabitants of Boston. Students, not inhabitants of Boston, who have filed a bond at the Bursar's office, or deposited with the Bursar the sum of fifty dollars, may also use this library. The Bursar will furnish on application the necessary certificate of bond or deposit.

PECUNIARY AID.

FELLOWSHIPS.

BULLARD FELLOWSHIPS. In 1891, WILLIAM STORY BULLARD, of Boston, gave the sum of fifteen thousand dollars for the establishment of three fellowships of five thousand dollars each "in memory of three physicians who were distinguished for their honorable personal character and for their professional services in this community". Accordingly the three following fellowships were established with a yearly income of two hundred and twenty-five dollars each : —

THE GEORGE CHEYNE SHATTUCK MEMORIAL FELLOWSHIP.

THE JOHN WARE MEMORIAL FELLOWSHIP.

THE CHARLES ELIOT WARE MEMORIAL FELLOWSHIP.

The income from any one or all of these fellowships may be paid to any student or member of the medical profession who shall be selected by the Administrative Board of the Medical School to make such original investigations in Medical Science as in their opinion will be most useful to the profession and to the community. The results of such investigations shall not, however, be published as a research performed under the grant of a Bullard Fellowship, unless the work shall have received the approval of the Committee.

Holders of Bullard Fellowships are required to do an amount of work equivalent to not less than ten hours a week throughout the academic year and to present to the Committee at the end of the academic year a report on the amount and result of the work performed.

Applications for the Bullard Fellowships must be handed to the Dean on or before October 1.

AUSTIN FELLOWSHIPS. In 1900, four teaching fellowships, of five hundred dollars each, were established from the income of the Austin Fund.

SCHOLARSHIPS.

The Cheever Scholarship is awarded to a student of the first year class. The Hayden Scholarship may be so awarded. All the other Scholarships are awarded to members of the three upper classes.

BARRINGER SCHOLARSHIPS. Two, known as the Edward M. Barringer Scholarship No. 1, and the Edward M. Barringer Scholarship No. 2, and having a yearly income of three hundred dollars and two hundred dollars respectively, from a bequest of Edward M. Barringer, will be awarded to deserving students, preferably those of the fourth class.

DAVID WILLIAMS CHEEVER SCHOLARSHIP, with an income of two hundred and fifty dollars, was founded in 1889 by David Williams

Cheever, M.D., LL.D., of Boston, of the Class of 1852. It is to be awarded to a poor and meritorious student of the first year, after three months' probation in the Medical School.

ISAAC SWEETSER SCHOLARSHIP was founded in 1892 by Mrs. Anne M. Sweetser. The income of two hundred and fifty dollars is to be "devoted to the aid of poor students of ability who would not otherwise be able to continue the studies necessary for their profession".

CLAUDIUS M. JONES SCHOLARSHIP, with an income of two hundred and fifty dollars, is from a bequest of six thousand dollars by Claudius Marcellus Jones, of the Class of 1866, M.D. 1875.

ORLANDO W. DOE SCHOLARSHIP. The bequest of ORLANDO WITHER-SPON DOE (A.B. 1865, M.D. 1869) was five thousand dollars. One half of the income derived therefrom, amounting to one hundred dollars, "is to be given annually as a scholarship to a deserving student in the Medical department".

CHARLES PRATT STRONG SCHOLARSHIP, with an income of one hundred dollars, was founded in 1894 by friends and patients of the late Charles Pratt Strong, of the Class of 1876, M.D. 1881.

The LEWIS AND HARRIET HAYDEN SCHOLARSHIP for colored students was founded in 1894 from a bequest of Mrs. Harriet Hayden. The income is two hundred dollars.

ALFRED HOSMER LINDER SCHOLARSHIP, with an income of two hundred dollars, was founded in 1895 by Mrs. George Linder. It is to be awarded to a needy student who shall have proven himself to be of sound principles and marked ability.

JOSEPH EVELETH SCHOLARSHIPS. Three Scholarships with an annual income of two hundred dollars each. Founded from the residuary bequest of thirty-seven thousand eight hundred and ninety-seven dollars and fourteen cents, made by Joseph Eveleth, of Boston, "for aiding deserving and indigent young men in obtaining an education in said College or any of the schools connected therewith". Three Scholarships on this foundation have been assigned to the Harvard Medical School.

EDWARD WIGGLESWORTH SCHOLARSHIP, with an income of two hundred dollars, was founded in 1897 by the family of the late Edward Wigglesworth, of the Class of 1861, M.D. 1865, the yearly income of the fund to be paid to such needy and deserving students of the Medical School as the Medical Faculty shall annually recommend.

HILTON SCHOLARSHIPS. Two Scholarships, with an income of two hundred and twenty-five dollars each, were founded in 1897 from a bequest of William Hilton.

CHARLES B. PORTER SCHOLARSHIP, with an income of two hundred dollars, was founded in 1897 from a bequest of five thousand dollars by William L. Chase.

FACULTY SCHOLARSHIPS. Four scholarships, with an income of two hundred dollars each, have been established by the Faculty, and are open to meritorious students who have been at the School for at least one year. Only those students needing assistance are expected to apply; and of such, those holding the highest rank will have the preference. Holders of Faculty scholarships may be required to render assistance in laboratory courses to an amount not exceeding four hours a week.

The JOHN THOMSON TAYLOR SCHOLARSHIP, with an income of two hundred dollars, was founded in 1899 by Mrs. Frederic D. Philip in memory of her brother, John Thomson Taylor, who died in 1889. He was a student of the Medical School from 1887 to 1889.

LUCIUS F. BILLINGS SCHOLARSHIP, with an income of two hundred dollars, was founded in 1900 from a bequest under the will of Lucius F. Billings.

COTTING GIFT. The income of a fund received from the late Dr. Benjamin E. Cotting will be given to such medical student or students as the Medical Faculty may select, having regard to the pecuniary needs, intellectual capacity, faithfulness and earnest endeavor, rather than to highest scholarship merely. The amount to be awarded annually will be one hundred and twenty-five dollars.

The income of the JOHN FOSTER FUND, amounting to about one hundred and fifty dollars, is payable every other year to one or more meritorious students needing assistance. The next payment will be made in 1902.

All applications for scholarships or pecuniary aid, except for the Cheever and Hayden Scholarships, must be handed to the Dean on or before *May 31*.

Applications for the Cheever and Hayden Scholarships must be handed to the Dean on or before *November 29*. These scholarships are open only to students who are members of the school at the time of application.

Blank forms, on which all applications for pecuniary aid must be made, may be obtained of the Dean.

PRIZES.

Boylston Medical Prizes. — These prizes, which are open to public competition, are offered annually for the best dissertations on questions in medical science proposed by the Boylston Medical Committee.

At the annual meeting in Boston in 1901 a prize was awarded Howard Crawley, S.B., of Cambridge, for an essay entitled *Histological Changes occurring in the Intestinal Cells of the Newt during the Absorption of Fat.*

For 1902 two prizes are offered : —

1. A prize of one hundred and fifty dollars for the best dissertation on *The results of Original Work in Anatomy, Physiology, or Pathology.* The subject to be chosen by the writer.

2. A prize of one hundred and fifty dollars for the best dissertation on *The method of Origin of Serpentine Arteries and the Structural Changes to be found in them. Their Relation to Arterio-capillary Fibrosis, Obliterating Endarteritis and to Endarteritis Deformans.*

Dissertations on these subjects must be sent post-paid to W. F. WHITNEY, M.D., Harvard Medical School, Boston, Mass., on or before January 1, 1902.

For 1903 two prizes are offered : —

1. A prize of seventy-five dollars for the best dissertation on *The results of Original Work in Anatomy, Physiology, or Physiological Chemistry.* The subject to be chosen by the writer.

2. A prize of seventy-five dollars for the best dissertation on *The results of Original Investigations in Pathology, Therapeutics, or Pharmacology.*

Dissertations on these subjects must be sent to the same address as above on or before January 1, 1903.

In awarding these prizes preference will be given to dissertations which exhibit original work, but if no dissertation is considered worthy of a prize, the award may be withheld.

Each dissertation must bear in place of its author's name some sentence or device, and must be accompanied by a sealed packet bearing the same sentence or device, and containing within the author's name and residence. *Any clew by which the authorship of a dissertation is made known to the Committee will debar such dissertation from competition.*

Dissertations must be written in a distinct and plain hand, and their pages must be bound in book form.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

By an order adopted in 1826, the Secretary was directed to publish annually the following votes:—

1. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which premiums may be adjudged.
2. That in case of publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

The Boylston Medical Committee is appointed by the President and Fellows, and consists of the following physicians: ROBERT T. EDES, M.D., *President*; WILLIAM F. WHITNEY, M.D., *Secretary*; H. P. BOWDITCH, M.D., FRANK W. DRAPER, M.D., J. COLLINS WARREN, M.D., SAMUEL G. WEBBER, M.D., F. H. WILLIAMS, M.D., EDWARD S. WOOD, M.D.

The address of the *Secretary* of the Boylston Medical Committee is WILLIAM F. WHITNEY, M.D., Harvard Medical School, Boston, Mass.

William H. Thorndike Prize.—A prize of two hundred dollars will be given annually to the author of the best essay on some subject in any branch of Surgery.

The students of the Harvard Medical School and graduates of under five years' standing of any recognized medical school are eligible in competition for this prize.

Each essay must bear in place of its author's name some sentence or device, and must be accompanied by a sealed packet bearing the same sentence or device, and containing within the author's name and residence. If the author is a graduate, it must also contain the date of his graduation in medicine and the medical school from which he was graduated. Any clew by which the authorship of an essay is made known to the judges will debar such essay from the competition.

The essays must be sent to the Dean of the Harvard Medical School, 688 Boylston Street, Boston, Mass., U. S. America, on or before November 1 of each year, and the award will be made annually on December 24. If no essay is considered worthy of a prize, no award will be made.

Anatomical Prize.—Professor C. B. PORTER offers a prize of fifty dollars open to all students, and graduates of not more than five years' standing, except teachers of anatomy, for the best dissection deserving the award illustrative of surgical anatomy, the specimen to be presented to the Museum.

Otological Prize.—For the best preparation illustrating the osseous anatomy of the ear or for the best thesis showing original work on an otological subject, a prize of twenty-five dollars is offered, open to fourth-year students.

Other Prizes.—The Bowdoin, Dante, Toppan and Sumner Prizes, offered by the Faculty of Arts and Sciences, are open to students in all departments of the University. Full particulars in regard to these prizes may be found in the University Catalogue.

COURSES OF STUDY FOR GRADUATES.

The Faculty has arranged, for graduates of recognized medical schools, an improved plan of instruction, embracing nearly all the branches of practical and scientific medicine. It is designed to supply good opportunities for clinical and laboratory study.

The laboratories of the School are well equipped for practical work, and the clinical advantages offered by the hospitals of Boston furnish abundant material for all purposes of instruction. The following are the principal institutions :—

Massachusetts General Hospital,	Infants' Hospital,
Boston City Hospital,	Children's Hospital,
Boston Dispensary,	McLean Hospital (for the Insane),
Massachusetts Eye and Ear Infirmary,	Carney Hospital.
Boston Lying-in Hospital,	

Instructors in the Medical School are members of the medical and surgical staffs of these institutions, to all of which students are admitted under their immediate supervision.

Instruction in the graduate courses is, with but few exceptions, entirely distinct from that of the undergraduate department of the School; but students of the former are admitted also to all the regular lectures (not clinical) of the latter, without extra charge, during their connection with the School.

Instruction is conducted in small classes and under the personal direction of the heads of departments.

Instruction is given throughout the academic year, October to June.

A certificate of attendance will be furnished, if desired.

FEES.

The fees for the separate courses in the several departments vary from \$5 to \$125.

An extra fee is required for the use of material in laboratory, dissecting, and operative courses.

Graduates seeking admission to any of the graduate courses must first register their names at the Dean's office at the Medical School, where all fees are payable, and obtain a receipt to be shown at the first exercise.

For further information and full description of the courses and lectures for graduates, address Dr. WILLIAM L. RICHARDSON, *Dean*, Harvard Medical School, 688 Boylston Street, Boston, Mass.

SUMMER COURSES OF INSTRUCTION.

During the summer of 1902, courses in many branches of practical and scientific medicine will be given by teachers in the School. These courses will be clinical in character and will be given at the Hospitals and Dispensaries by the physicians and surgeons on duty. Practical instruction will also be given in several of the Laboratories of the School by the instructors in charge. These courses are open only to graduate and undergraduate students of medical schools recognized by the Faculty of Medicine, and to such others as the Dean of the Faculty approves.

A list of the Summer Courses will be announced early in the Spring. For further information address Dr. WILLIAM L. RICHARDSON, *Dean*, Harvard Medical School, 688 Boylston Street, Boston, Mass.

The following are the Courses provided in the Graduate Department for 1901-02.

SUBJECT.	INSTRUCTOR.	PLACE.	TIME.	FEE.
1. Anatomy of the Joints	Dr. Dwight	Medical School	Special *	\$25.
2. Dissection Courses	Dr. J. Warren	Medical School	After Nov. 1	20.
3. Special Anatom. Instruction	Dr. Dwight	Medical School	Special *	Special.*
4. Histology and Microscopy	Dr. F. A. Woods	Medical School	Feb.	25.
5. Elem. Human Embryology	Drs. Atkinson and Woods	Medical School	Feb.—June	25.
6. Advanced Embryology	Drs. Minot, Atkinson, and Woods	Medical School	Feb.—June	75.
† 7. Physiology	Dr. W. T. Porter	Medical School	Special *	Special.*
† 8. Toxicology and Medico Legal Examination of Blood	Dr. Wood	Medical School	Oct.—Jan.	30.
† 9. Clinical Examination of Urine	Drs. Wood and Ogden	Medical School	Oct.—Jan.	30.
† 10. Clinical Haematology and Examination of Gastric Contents	Dr. Hewes.	Medical School	Oct.—Jan.	30.
† 11. Physiological Chemistry	Dr. Pfaff	Medical School	Special *	Special.*
† 12. Bacteriology	Dr. Ernst	Medical School	Special *	25.
13. Practical Pathology	Dr. Councilman	Medical School	Special *	30-50.
14. Pathological Histology	Dr. Councilman	Medical School	Special *	30.
15. Pathological Anatomy	Dr. Magrath	Medical School	Special *	25.
16. Neuropathology	Dr. Taylor	Medical School	Special *	25.
17. Advanced Neuropathology	Dr. Taylor	Medical School	Special *	75-125.
18. Surgical Pathology	Dr. Nichols	Medical School	April	25.
19. Diagnosis of New Growths	Dr. Whitney	Mass. General Hospital	Special *	15.
† 20. Comparative Pathology	Dr. Smith	Bussey Institution	Oct.—June	Special.*
21. Clinical Medicine	Dr. Vickery	Mass. General Hospital	Oct.	15.
† 22. Clinical Medicine	Dr. Withington	Boston City Hospital	May	20.
† 23. Infectious Diseases	Dr. McCollom	Boston City Hospital	Oct., Nov.	25.
† 24. Intubation	Dr. W. H. Smith	Boston City Hospital	Special *	25.
25. Sputum Analysis	Dr. Lund	Mass. General Hospital	Nov., Dec., Jan.	15.
† 26. Minor Surgery	Dr. J. B. Blake	Boston City Hospital	April—May	20.
† 27. Minor Surgery	Drs. Warren, Porter, Beach	Boston City Hospital	Nov.—May	20.
28. Clinical and Operative Surgery	Dr. M. H. Richardson	Mass. General Hospital	Oct.—Feb.	30.
29. Clinical Surgery	Dr. M. H. Richardson	Mass. General Hospital	Feb., May	25.
30. Clinical Surgery	Dr. Mumford	Mass. General Hospital	Feb, March, April, May	25.
31. Minor Surgery	Dr. Mumford	Mass. General Hospital	Oct.—Jan.	25.
32. Clinical, Operative, Genito-urinary, Pathological and Minor Surgery	Drs. Monks and Thorndike	Boston City Hospital	Oct., Nov., Jan., Feb.	25.
33. Clinical and Operative Surgery	Drs. Munro and Lund	Boston City Hospital	Oct., Nov.	25.
34. Genito-Urinary Surgery	Dr. Thorndike	Boston City Hospital	Oct.—Nov.	25.
35. Fractures	Dr. Scudder	Mass. General Hospital	Oct., Nov.	20.
36. Surgical Diagnosis	Dr. Scudder	Mass. General Hospital	Nov.—Dec.	20.
37. Genito-Urinary Surgery	Dr. Scudder	Mass. General Hospital	Dec., Jan.	20.

38. After Treatment	Dr. Scudder	Mass. General Hospital	Feb., March	20.
39. After Treatment	Dr. Scudder	Mass. General Hospital	April, May	20.
40. Genito-Urinary Surgery	Dr. Watson	Boston City Hospital	Dec., Jan.	20.
41. Surgical Diagnosis	Dr. C. A. Porter	Mass. General Hospital	Oct.—Jan.	15.
42. Minor Surgery	Dr. Balch	Mass. General Hospital	Feb., March	20.
43. Minor Surgery	Dr. Balch	Mass. General Hospital	April, May	20.
†44. Orthopedic Surgery	Dr. Bradford	Children's Hospital	Nov.	10.
45. Clinical Obstetrics	Dr. W. L. Richardson	Boston Lying-in Hospital	Nov., Dec., April, May	25.
46. Clinical Obstetrics	Dr. C. M. Green	Boston Lying-in Hospital	Jan., Feb., March	25.
47. Clinical Obstetrics	Drs. Higgins, Newell, and Swain	Boston Lying-in Hospital	Oct.—May	25.
48. Operative Obstetrics	Dr. C. M. Green	Medical School	Special *	25.
49. Gynaecology	Dr. Haven	Boston City Hospital	Jan., Feb., March	25.
50. Gynaecology	Dr. C. M. Green	Boston City Hospital	Oct., Nov., Dec.	25.
†51. Gynaecology	Dr. Storer	Carney Hospital	Oct., Nov., Dec., Apr., May, June	25.
†52. Gynaecology	Dr. Storer	Boston Dispensary	Jan., Feb., March	25.
53. Operative Gynaecology	Dr. Davenport	Medical School	Special *	25.
†54. Pediatrics	Dr. Cragin	Children's Hospital	Oct., Nov.	20.
†55. Pediatrics	Dr. Cragin	Children's Hospital	Nov., Dec.	20.
†56. Pediatrics	Dr. Buckingham	Children's Hospital	Jan., Feb.	20.
†57. Pediatrics	Dr. Morse	Infants' Hospital	April, May	20.
†58. Pediatrics	Dr. Morse	Infants' Hospital	March, April	20.
59. Dermatology	Dr. White	Mass. General Hospital	Oct.—June	25.
60. Syphilis	Dr. Post	Boston Dispensary	April, May	25.
†61. Advanced Neurology	Dr. Putnam	Mass. General Hospital	Special *	Special *
†62. Neurology	Dr. Knapp	Boston City Hospital	Feb., March	20.
†63. Neurology	Dr. Knapp	Boston City Hospital	April, May	20.
†64. Psychiatry	Dr. Cowles	McLean Hospital	Special *	25.
†65. Otology	Dr. Crockett	Eye and Ear Infirmary	Special *	25.
†66. Otology	Dr. Hammond	Medical School	Special *	25.
†67. Anatomy of the Ear	Dr. Wadsworth	Eye and Ear Infirmary	Special *	25.
†68. Clinical Ophthalmology	Dr. Standish	Eye and Ear Infirmary	Feb., March	25.
†69. Ophthalmology	Dr. Jack	Eye and Ear Infirmary	April	25.
70. Ophthalmology	Dr. DeBois	Boston City Hospital	April, May	20.
†71. Rhinology and Laryngology	Dr. Farlow	Boston City Hospital	Jan., Feb., March	20.
†72. Rhinology and Laryngology	Dr. Coolidge	Mass. General Hospital	April, May	20.
†73. Rhinology and Laryngology	Dr. Harrington	Medical School	Feb., March	35.
†74. Hygiene	Dr. Harrington	Medical School	Special *	20.
†75. Disinfection	Dr. Harrington	Medical School	Special *	20.
76. Analysis of water, food, etc.	Dr. Pfaff	Medical School	Special *	20.
77. Pharmacology			Special *	Special *

* To be arranged with instructor.

† Women admitted.

‡ Women admitted conditionally.

SUMMER COURSES OF INSTRUCTION IN THE MEDICAL SCHOOL. 1901.

No.	Subject.	Instructor.	Place.	No. of Exer- cises.	Begins.	Ends.	Days.	Hour.	Fee.
1	Physiology	Dr. Cleghorn & Franz	Medical School	30	July 1	Aug. 3	Daily	10	30.00
2	Chemistry	Dr. Hills	Medical School	25	July 1	Aug. 3	Daily	10	30.00
3	Urinary Chemistry	Dr. Ogden	Medical School	30	July 1	Aug. 10	Daily	1-4	30.00
4	Physiological Chemistry	Dr. Ogden	Medical School	23	July 2	July 31	Daily	1-4	25.00
5	Physiological Chemistry	Dr. Koch	Medical School	30	July 8	Aug. 16	Daily	9	30.00
6	Pathology	Dr. Mallory	City Hospital	42	July 1	Aug. 17	Daily	9-4	50.00
7	Neuropathology	Dr. Taylor	Medical School	20	July 5	Aug. 19	Mo. We. Fr.	4	25.00
8	Pathology	Dr. Magrath	Medical School	30	July 1	Aug. 9	Daily	9-4	30.00
9	Pathology	Dr. Pratt	City Hospital	24	Aug. 26	Sept. 21	Daily	9	25.00
10	Pathology	Dr. Verhoeff	Eye and Ear Inf.	24	June 10	July 10	Daily	3	30.00
11	Bacteriology	Dr. Perry	Medical School	30	July 8	Aug. 10	Daily	3	30.00
12	Bacteriology	Dr. Page	Medical School	30	Aug. 12	Sept. 14	Daily	3	30.00
13	Clinical Medicine	Dr. Vickery	Mass. Gen. Hosp.	13	July 3	July 31	Mo. We. Fr.	10	15.00
14	Clinical Medicine	Dr. Vickery	Mass. Gen. Hosp.	13	Aug. 2	Aug. 30	Mo. We. Fr.	10	15.00
15	Clinical Medicine	Dr. Cabot	Mass. Gen. Hosp.	27	Aug. 1	Aug. 31	Daily	9	30.00
16	Clinical Medicine	Dr. Cabot	Mass. Gen. Hosp.	25	Sept. 1	Sept. 28	Daily	9	30.00
17	Clinical Haematology	Dr. Hewes	Mass. Gen. Hosp.	12	July 2	July 31	Tu. Wed. Th.	11	25.00
18	Diseases of the Stomach	Dr. Hewes	Mass. Gen. Hosp.	..	July 1	Aug. 31	..	..	25.00

19	Clinical Medicine	Dr. F. W. White	Boston Dispensary	12	Aug. 6	Aug. 31	Tu. Th. Sat.	10	15.00
20	Clinical Medicine	Dr. F. W. White	Boston Dispensary	12	Sept. 3	Sept. 28	Tu. Th. Sat.	10	15.00
21	Clinical Medicine	Dr. Denny	Boston Dispensary	13	Aug. 1	Aug. 31	Daily	10	15.00
22	Clinical Medicine	Dr. Badger	Boston Dispensary	13	July 2	July 17	Daily	10	15.00
23	Clinical Medicine	Dr. Badger	Boston Dispensary	13	Aug. 1	Aug. 15	Daily	10	15.00
24	Clinical Medicine	Dr. Donoghue	Boston Dispensary	26	July 1	July 30	Daily	10-12	15.00
25	Clinical Medicine	Dr. Donoghue	Boston Dispensary	26	Aug. 1	Aug. 30	Daily	10-12	15.00
26	Clinical Medicine	Dr. Larrabee	Boston Dispensary	27	July 1	July 31	Daily	10	20.00
27	Clinical Medicine	Dr. Larrabee	Boston Dispensary	25	Aug. 1	Aug. 31	Daily	10	20.00
28	Clinical Medicine	Dr. Larrabee	Boston Dispensary	22	Sept. 1	Sept. 28	Daily	10	20.00
29	Orthopedic Surgery	Dr. Bradford	Children's Hosp.	26	July 1	Aug. 17	Mo. Tu. W. Th. S.	. .	20.00
30	Minor Surgery	Dr. Brooks	Mass. Gen. Hosp.	14	July 1	July 31	Mo. We. Fr.	10	15.00
31	Minor Surgery	Dr. Brooks	Mass. Gen. Hosp.	13	Aug. 2	Aug. 30	Mo. We. Fr.	10	15.00
32	Minor Surgery	Dr. Brooks	Mass. Gen. Hosp.	13	Sept. 2	Sept. 30	Mo. We. Fr.	10	15.00
33	Operative Surgery	Drs. Mixer & Brewster	Mass. Gen. Hosp.	26	June 3	July 31	Mo. We. Fr.	10	25.00
34	Operative Surgery	Drs. Mixer & Brewster	Mass. Gen. Hosp.	27	Aug. 2	Sept. 30	Mo. We. Fr.	10	25.00
35	Clinical Surgery	Dr. Munro	City Hospital	. .	Aug. 1	Sept. 27	Tu. Th. Fri.	10	25.00
36	Genito-Urinary Surgery	Dr. Thorndike	City Hospital	26	Aug. 1	Sept. 30	. .	10	25.00
37	Minor Surgery	Dr. Lothrop	City Hospital	12	July 2	July 31	Daily	10	20.00
38	Minor Genito-Urinary Surgery	Dr. E. W. Dwight	City Hospital	26	Aug. 1	Sept. 28	Tu. Th. Sat.	10	25.00
39	Minor Surgery	Dr. Lund	City Hospital	12	June 3	June 28	Mo. We. Fr.	10	20.00
40	Minor Surgery	Dr. Lund	City Hospital	26	July 1	July 26	Mo. We. Fr.	10	20.00

No.	Subject.	Instructor.	Place.	No. of Exer- cises.	Begins.	Ends.	Days.	Hour.	Fee.
41	Minor Surgery	Dr. J. B. Blake	City Hospital	26	June 3	July 31	Mo. We. Fr.	10	20.00
42	Clinical and Operative Surgery	Dr. Codman	Mass. Gen. Hosp.	25	June 1	July 30	Tu. We. Th.	11	25.00
43	Clinical and Operative Surgery	Dr. Codman	Mass. Gen. Hosp.	26	Aug. 1	Sept. 26	Tu. We. Th.	11	25.00
44	X-Ray Surgery	Dr. Codman	Children's Hosp.	14	June 4	Aug. 30	Tu. Fr.	4	25.00
45	Minor Surgery	Dr. Cobb	Mass. Gen. Hosp.	13	July 1	July 31	Mo. We. Fr.	10	15.00
46	Minor Surgery	Dr. Cobb	Mass. Gen. Hosp.	13	Aug. 2	Aug. 30	Mo. We. Fr.	10	15.00
47	Clinical Obstetrics	Dr. C. M. Green	Lying-in Hosp.	. .	June 1	Sept. 30	. .	. .	30.00
48	Operative Obstetrics	Dr. Higgins	Medical School	8	July 2	July 12	Tu. We. Th. Fr.	4	20.00
49	Operative Obstetrics	Dr. Newell	Medical School	8	July 9	July 19	Tu. We. Th. Fr.	4-6	20.00
50	Gynaecology	Dr. Storer	St. Elizabeth's Hosp.	12	July 2	Aug. 9	Tu. Fr.	3.30	25.00
51	Gynaecology	Dr. Higgins	City Hospital	30	July 2	July 31	Daily	10	30.00
52	Diseases of Children	Dr. Buckingham	Children's Hosp.	12	Aug. 1	Aug. 31	Tu. Th. Sat.	11.30	20.00
53	Diseases of Children	Dr. Morse	Infants' Hospital	12	June 3	June 28	Mo. We. Fr.	12	20.00
54	Diseases of Children	Dr. Morse	Infants' Hospital	12	Sept. 3	Sept. 28	Tu. Th. Sat.	10	20.00
55	Diseases of Children	Dr. Craigin	Children's Hosp.	12	July 2	July 27	Tu. Th. Sat.	11.30	20.00
56	Diseases of the Eye	Dr. Standish	Eye and Ear Inf.	12	July 1	July 26	Mo. We. Fr.	10	20.00
57	Diseases of the Eye	Dr. Cheney	Eye and Ear Inf.	16	June 11	July 16	Tu. Th. Sat.	9	20.00
58	Diseases of the Eye	Dr. Jack	Eye and Ear Inf.	15	June 10	July 12	Mo. We. Fr.	9	20.00
59	Diseases of the Ear	Dr. Hammond	Medical School	12	July 1	July 31	Mo. We. Fr.	9-11	25.00
60	Diseases of the Skin	Dr. Bowen	Mass. Gen. Hosp.	11	July 5	July 30	Tu. Th. Fri.	9.30	15.00

61	Diseases of the Skin	Dr. Bowen	Mass. Gen. Hosp.	12	Sept. 3	Sept. 27	Tu. Th. Fr.	9.30	15.00
62	Diseases of the Skin	Dr. C. J. White	Mass. Gen. Hosp.	14	Aug. 1	Aug. 30	Tu. Th. Fr.	9.30	15.00
63	Diseases of the Throat	Dr. Farlow	City Hospital	12	June 3	June 28	Mo. We. Fr.	10	20.00
64	Diseases of the Nerves	Dr. Taylor	Medical School	20	July 2	Aug 15	Tu. Th. Sat.	9	25.00
65	Diseases of the Nerves	Dr. Taylor	Long Island Hosp.	25	July 3	Aug 30	Mo. We. Fr.	9	25.00
66	Diseases of the Mind	Dr. Lane	Boston Ins. Hosp.	16	June 7	July 30	Tu Fr.	3	20.00
67	Hygiene	Dr. Harrington	Medical School	36	July 2	Aug. 10	Daily	3	50.00
68	Hygiene	Dr. Durgin	Medical School	13	July 1	July 29	Mo. We. Fr.	3	20.00
69	Histology	Dr. Stubbs	Medical School	23	July 1	July 31	Daily	3	20.00

TABULAR VIEWS OF UNDERGRADUATE COURSES.

FIRST YEAR. — First Half-Year.

	MONDAY.	TUESDAY.	WEDNESDAY.	THURSDAY.	FRIDAY.	SATURDAY.
9-10	Anatomy. L. Room C. <i>October, January.</i> <i>November, December.</i> Section I, Dissection. Rooms D and F. Section II, Histology. Lab. Room G.		Anatomy. L. Room C.	Anatomy. L. Room C. <i>October, January.</i> <i>November, December.</i> Section I, Dissection. Rooms D and F. Section II, Histology. Lab. Room G.		Anatomy. L. Room C.
10-1	Section I, Anatomy. Dissection. <i>October, November, December.</i> Rooms D and F. Section II, Histology. Laboratory. Room G. <i>January.</i> Anatomy. 1st and 3d weeks. Section I, Rooms D and F. Section II, Room G. Anatomy. 2d and 4th weeks. Section I, Room G. Section II, Rooms D and F.					<i>January.</i> L. Anatomy. Room C. <i>Oct., Nov., Dec.</i> 11 A.M. Histology. L. Room C.
2-3	Histology. L. Room G. <i>October, January.</i> <i>November, December.</i> Section I, Histology. Lab. Room G. Section II, Anatomy. Lab. Rooms D and F.		Histology. L. Room G.	Histology. L. Room C. <i>October, January.</i> <i>November, December.</i> Section I, Histology. Lab. Room G. Section II, Anatomy. Lab. Rooms D and F.		
3-6	Section I, Histology. Lab. Room G. <i>October, November, December.</i> <i>January.</i> Anatomy. 1st and 3d weeks. Section I, Room G. Section II, Rooms D, and F. Anatomy. 2d and 4th weeks. Section I, Rooms D and F. Section II, Room G.			Section II, Anatomy. Dissection. Rooms D and F. <i>January.</i> Section I, Room G. Section II, Rooms D, and F.		

Second Half-Year.						
PHYSIOLOGY. FEBRUARY 8 TO MARCH 15.						
	MONDAY.	TUESDAY.	WEDNESDAY.	THURSDAY.	FRIDAY.	SATURDAY.
9-9.30	Conference. Room A.		Conference. Room A.			
9.30-9.50	Written Test. Rooms B and H.		Written Test. Rooms B and H.			
9.50-12	Laboratory Experiments. Rooms B and H.		Laboratory Experiments. Rooms B and H.		10-11	Recitation. Room A.
12-1	Recitation. In Sections. Rooms B and H.				11-12	Demonstration. Room A.
MARCH 17 TO MAY 31.						
9-9.30	Lecture. Room A.		Lecture. Room A.		9-9.45	Discussion of Theses. Room A.
9.30-10	Conference. Room A.		Conference. Room A.			
10-10.20	Written Test. Rooms B and H.		Written Test. Rooms B and H.		-11	Recitation. Room A.
10.20-12.15	Laboratory Experiments. Rooms B and H.		Laboratory Experiments. Rooms B and H.			
12.15-1	Recitation. In Sections. Rooms B and H.		Discussion of Theses. Room A.		11-12	Demonstration. Room A.
JUNE 1 TO JUNE 7.						
Laboratory Experiments. Rooms B and H.						
PPYSIOLOGICAL CHEMISTRY. DAILY EXCEPT SATURDAYS. <i>February, March, April.</i>						
2-3	Lectures. Monday and Wednesday, Room A. Lectures. Tuesday, Thursday, and Friday, Room E or A.					May. Optional courses in previous studies (to be announced)
3-5.30	Laboratory. Room I.					

SECOND YEAR. — First Half-Year.

	OCTOBER.	NOVEMBER.	DECEMBER.	JANUARY.
9-12	Pathology. Laboratory. Daily. Section I, Room B. Section II, Room H.		9-10	Monday, Wednesday, and Friday. Surgery. Clinical Lecture. Burrell. B. C. H.
12-1	Pathology. Lectures. Daily. Room C.		9-1 10.30-1	Tuesday, Thursday, and Saturday. Monday, Wednesday, and Friday.
2-3	Bacteriology. Lectures. Daily except Saturdays. Room A.	Pathology of the Nervous System. Laboratory. Taylor. H. M. S.		1 and 2 weeks. Pathology. Laboratory. Daily.
3-4				3 and 4 weeks. Pathology of certain Parasitic Diseases. Laboratory. Smith. Daily.
4-5	Bacteriology. Laboratory. Daily except Saturdays. Section I, Room B. Section II, Room H.			
5-6			2-5	Daily except Saturday. Surgical Pathology. Laboratory. Nichols. H. M. S.

Second Half-Year.

	MONDAY.	TUESDAY.	WEDNESDAY.	THURSDAY.	FRIDAY.	SATURDAY.
0	Bandaging (s) Clinical Medicine Clinic Vickery, M. G. H.	Bandaging (s) Theory and Practice Clinic Cutler, M. G. H.	Bandaging (s) Clinical Medicine Clinic Sears, B. C. H.	Bandaging (s) Theory and Practice Clinic Cutler, M. G. H.	Bandaging (s) Clinical Medicine Clinic Vickery, M. G. H.	Bandaging (s) Clinical Medicine Clinic Sears, C. B. H.
9-10	Theory & Practice (s) Physical Diagnosis (s) *Surgery L. C. A. Porter, M. G. H.	Theory & Practice (s) Physical Diagnosis (s)	Theory & Practice (s) Physical Diagnosis (s)	Theory & Practice (s) Physical Diagnosis (s)	Theory & Practice (s) Physical Diagnosis (s)	Theory & Practice (s) Physical Diagnosis (s)
10-11						
11-12		Clinical Chemistry Laboratory Wood	Clinical Chemistry Laboratory Wood	Clinical Chemistry Laboratory Wood	Clinical Chemistry Laboratory Wood	
12-1						
2-3	Feb., Mar. Anatomy. L. T. Dwight, Room C Apr., May Pharmacology Laboratory	Clinical Chemistry L. Wood, Room A	Apr., May Pharmacology Laboratory	Clinical Chemistry L. Wood, Room A	Clinical Chemistry L. Wood, Room A	
3-4	Feb., Mar. Therapeutics. L. Pfaff, Room A Apr., May Pharmacology Laboratory	Feb., Mar. Anatomy. L. T. Dwight, Room C	Feb., Mar. Anatomy. L. T. Dwight, Room C Apr., May Pharmacology Laboratory	Feb., Mar. Anatomy. L. T. Dwight, Room C	Feb., Mar. Anatomy. L. T. Dwight, Room C Apr., May Therapeutics. L. Pfaff, Room A	
4-5	Clinical Chemistry L. Wood, Room A	Therapeutics. L. Pfaff, Room A	Therapeutics. L. Pfaff, Room A	Therapeutics. L. Pfaff, Room A	Surgery. L. C. A. Porter Room E	
5-6	Feb., Mar. Anatomy T. Dwight	Feb., Mar. Anatomy T. Dwight	Feb., Mar. Anatomy T. Dwight			

* Lecture in Surgery is at 11.30.

THIRD YEAR.

	MONDAY.	TUESDAY.	WEDNESDAY.	THURSDAY.	FRIDAY.	SATURDAY.
<i>Class Exercises</i> 9-10	Pediatrics <i>Oct.-Mar.</i> L. Rotch, No. Grove St. <i>Apr., May.</i> R. Morse.	Clinical Medicine Clinic <i>Oct.-Jan.</i> Jackson. B. C. H. <i>Feb.-May</i> Withington. B. C. H.	Clinical Medicine Clinic Shattuck, M. G. H.	Neurology Clinic Putnam. M. G. H.	Clinical Medicine Clinic <i>Oct.-Jan.</i> Sears. B. C. H. <i>Feb.-May</i> B. C. H.	Clinical Medicine Clinic Shattuck, M. G. H.
	Surgery Clinic Warren. M. G. H.	Clinical Surgery Clinical L. Gay. <i>Oct. & Nov.</i> Burrell, <i>Dec.-May</i> B. C. H.	Dermatology Clinic J. C. White, M. G. H.	Theory and Practice Clinic Fitz. M. G. H.	Clinical Surgery Ward Visit B. C. H.	Theory and Practice Clinic Fitz, M. G. H.
<i>Sections</i> 10-11	Clinical Surgery M. G. H. and B. C. H. S. O. P. D.	Clinical Surgery M. G. H. and B. C. H. S. O. P. D.	Clinical Surgery M. G. H. and B. C. H. S. O. P. D.	Clinical Surgery M. G. H. and B. C. H. S. O. P. D.	Clinical Surgery M. G. H. and B. C. H. S. O. P. D.	Clinical Surgery M. G. H. and B. C. H. S. O. P. D.
	Theory and Practice Cutler. M. C. H. Sections M. G. H., B. C. H., S. H.		<i>Jan.-Apr.</i> Clinical Obstetrics B. L. H.	Theory and Practice Cutler. M. G. H. Sections M. G. H., B. C. H., S. H.		<i>Jan.-Apr.</i> Clinical Obstetrics B. L. H.
11-12	Pediatrics <i>Oct. L.</i> Rotch. Room E <i>Nov.-Apr.</i> Clinic Rotch. Ch. H. <i>May.</i> R. Morse. Room E	Pediatrics <i>Oct. L.</i> Rotch. Room E <i>Nov.-Apr.</i> Clinic Rotch. Ch. H. <i>May.</i> R. Morse. Room E	Pediatrics <i>Oct. L.</i> Rotch. No. Grove St. <i>Nov.-Feb.</i> Sections I. H. and No. Grove St. <i>Mar.-May.</i> R. Morse. No. Grove St.	Pediatrics (s) Ch. H. and I. H. <i>Oct.-Jan.</i> Contagious Diseases (s) McCollom S. D. B. C. H.	Pediatrics (s) Ch. H. and I. H. <i>Oct.-Jan.</i> Contagious Diseases (s) McCollom S. D. B. C. H.	Pediatrics (s) Ch. H. and I. H. <i>Oct.-Jan.</i> Contagious Diseases (s) McCollom S. D. B. C. H.
	<i>Oct.-Apr.</i> Clinical Gynaecology B. D.	Clinical Gynaecology B. C. H.	<i>Oct.-Apr.</i> Clinical Gynaecology B. D.	Clinical Gynaecology B. C. H.	<i>Oct.-Apr.</i> Clinical Gynaecology B. D.	Clinical Gynaecology B. C. H.

12-1			Clinical Surgery Ward Visit M. G. H.	Clinical Surgery Conference C. B. Porter M. G. H.	
2-3					
3-4	Obstetrics. L. W. L. Richardson Room E	Theory and Practice L. Fitz Room E	Obstetrics Conference C. M. Green Room E	Obstetrics. L. W. L. Richardson Room E	Theory and Practice L. Fitz Room E
4-5	Oct.-Jan. Gynaecology L. or R. Davenport Room E	Dermatology. L. J. C. White Room E	Surgery. L. Warren Room C	Oct.-Jan. Gynaecology Davenport Room E. Feb.-May Psychiatry. L. Cowles Room E	Surgery. L. Warren Room C
5-6					Obstetrics. R. Higgins Room E

On Monday, Wednesday, Thursday, and Saturday all section work at the M. G. H., I. H., No. Grove St., and S. H., begins at 11;
at the B. C. H., B. D., and Ch. H., at 11.20.

On Tuesday and Friday all section work at the B. C. H. begins at 11; at all other places at 11.20.

FOURTH YEAR. — OCTOBER.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
9	Clinical Medicine Prac. Therapeutics Shattuck, M. G. H.	Otology Clinic (s, 2 hrs.) J. O. Green, E. & E. I.		Clinical Medicine Clinic Sears, B. C. H.		Legal Medicine Autopsy Draper, B. C. H.
		<i>Gynaecology</i> Clinic C. M. Green, B. C. H.		Otology Clinic (s, 2 hrs.) J. O. Green, E. & E. I.	<i>Gynaecology</i> Clinic C. M. Green, B. C. H.	Otology Clinic (s, 2 hrs.) J. O. Green, E. & E. I.
10	Ophthalmology Clinic (s) Wadsworth, E. & E. I.	Ophthalmology Clinic (s) Quackenboss E. & E. I.	Ophthalmology Clinic (s) Standish, E. & E. I. Greenwood, B. C. H.	Ophthalmology Clinic (s) Wadsworth, E. & E. I.	Ophthalmology Clinic (s) Quackenboss E. & E. I. Greenwood, B. C. H.	Ophthalmology Clinic (s) Standish, E. & E. I.
	Laryngology Clinic (s, 2 hrs.) DeBlois, B. C. H.		Laryngology Clinic (s, 2 hrs.) DeBlois, B. C. H.	Clinical Surgery Lecture (2 hrs.) Monks, B. C. H.	Laryngology Clinic (s, 2 hrs.) DeBlois, B. C. H.	
		<i>Dermatology</i> Clinic Bowen, M. G. H.			<i>Dermatology</i> Clinic Bowen, M. G. H.	
11	Laryngology Clinic (s) Coolidge, M. G. H.	Laryngology Clinic (s) Coolidge, M. G. H.	Laryngology Clinic (s) Coolidge, M. G. H.	Laryngology Clinic (s) Coolidge, M. G. H.	Laryngology Clinic (s) Coolidge, M. G. H.	Laryngology Clinic (s) Coolidge, M. G. H.
	Laryngology Clinic (s) Farlow, B. D.	Laryngology Clinic (s) Farlow, B. D.	Laryngology Clinic (s) Farlow, B. D.	Laryngology Clinic (s) Farlow, B. D.	Laryngology Clinic (s) Farlow, B. D.	Laryngology Clinic (s) Farlow, B. D.
	Syphilis Clinic (s) Post, B. D.	Ophthalmology Clinic (s) Jack, E. & E. I.	Syphilis Clinic (s) Post, B. D.	Syphilis Clinic (s) Post, B. D.	Syphilis Clinic (s) Post, B. D.	Surgical operations M. G. H.
	<i>Neurology</i> Clinic Putnam, M. G. H.	Diagnosis in Clinical Surgery Clinic C. B. Porter, M. G. H.		<i>Neurology</i> Clinical Lecture Walton, M. G. H.	Ophthalmology Clinic (s) Jack, E. & E. I. Surgical operations B. C. H.	<i>Neurology</i> Clinical Lecture Walton, M. G. H.

12	Clinical Surgery Lecture C. B. Porter, M. G. H.	Syphilis Lecture Post, B. D.	Genito-urin. Dis. Clin. Lecture Watson, B. C. H.	
2	<i>Exper. Physiol.</i> Lab. (2 hrs.) W. T. Porter, H. M. S.	<i>Exper. Physiol.</i> Lab. (2 hrs.) W. T. Porter, H. M. S.		<i>Exper. Physiol.</i> Lab. (2 hrs.) W. T. Porter, H. M. S.
3	Ophthalmology Lecture Wadsworth Room A	Clin. Microscopy Lab. Whitney, H. M. S.	Clin. Microscopy Lab. Whitney, H. M. S.	Clin. Microscopy Lab. Whitney, H. M. S.
	Anat. of Ear R. (s) Hammond, H. M. S.	Legal Medicine Lecture Draper, Room C	Legal Medicine Lecture Draper, Room A	Otology Lecture, Oct. 4 J. O. Green, Room A
4	Otology Lecture Blake, Room A		Otology Lecture Blake, Room A	Orthopedic Surg. Clinic (s) Bradford, Ch. H.
		Orthopedic Surg. Lecture Bradford, H. M. S. or Ch. H.		Clinical Medicine Conference Room A
5	Regional Surgery M. H. Richardson, Room C	Surg. Landmarks Lecture Monks, Room D	Laryngology Lecture DeBlois, Room E	Surg. Landmarks Lecture Monks, Room D
7.30	Surgical Emergency Clinic (s) Accident-room M. G. H.	Surgical Emergency Clinic (s) Accident-room M. G. H.	Surgical Emergency Clinic (s) Accident-room M. G. H.	Surgical Emergency Clinic (s) Accident-room M. G. H.

(s) Section of the class.

Electives are in *italics*.

NOVEMBER.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
9	Clinical Medicine Prac. Therapeutics Shattuck, M. G. H.	Otology Clinic (s, 2 hrs.) J.O.Green, E. & E. I.		Clinical Medicine Clinic Sears, B. C. H.	<i>Gynaecology</i> Clinic C. M. Green, B. C. H.	Legal Medicine Autopsy Draper, B. C. H.
		<i>Gynaecology</i> Clinic C. M. Green, B. C. H.		Otology Clinic (s, 2 hrs.) J.O.Green, E. & E. I.		Otology Clinic (s, 2 hrs.) J.O.Green, E. & E. I.
10	Ophthalmology Clinic (s) Wadsworth, E. & E. I.	Ophthalmology Clinic (s) Quackenboss E. & E. I.	Ophthalmology Clinic (s) Standish, E. & E. I. Jack, B. C. H.	Ophthalmology Clinic (s) Wadsworth, E. & E. I.	Ophthalmology Clinic (s) Quackenboss E. & E. I. Jack, B. C. H.	Ophthalmology Clinic (s) Standish, E. & E. I.
	Laryngology Clinic (s, 2 hrs.) DeBlois, B. C. H.		Laryngology Clinic (s, 2 hrs.) DeBlois, B. C. H.	Clinical Surgery Lecture (2 hrs.) Monks, B. C. H.	Laryngology Clinic (s, 2 hrs.) DeBlois, B. C. H.	Laryngology Clinic (s) Coolidge, M. G. H.
		<i>Dermatology</i> Clinic Bowen, M. G. H.			<i>Dermatology</i> Clinic Bowen, M. G. H.	
11	Laryngology Clinic (s) Coolidge, M. G. H.	Laryngology Clinic (s) Coolidge, M. G. H.	Laryngology Clinic (s) Coolidge, M. G. H.	Laryngology Clinic (s) Coolidge, M. G. H.	Laryngology Clinic (s) Coolidge, M. G. H.	
	Laryngology Clinic (s) Farlow, B. D.	Laryngology Clinic (s) Farlow, B. D.	Laryngology Clinic (s) Farlow, B. D.	Laryngology Clinic (s) Farlow, B. D.	Laryngology Clinic (s) Farlow, B. D.	Laryngology Clinic (s) Farlow, B. D.
	Syphilis Clinic (s) Post, B. D.	Diagnosis in Clinical Surgery C.B.Porter, M.G.H.	Syphilis Clinic (s) Post, B. D.		Syphilis Clinic (s) Post, B. D.	Surgical oper. M. G. H.
	<i>Neurology</i> Clinic Putnam, M. G. H.	Ophthalmology Clinic (s) Jack, E. & E. I.		<i>Neurology</i> Clin. Lect. Walton, M. G. H.	Ophthalmology Clinic (s) Jack, E. & E. I. Surgical oper. B. C. H.	<i>Neurology</i> Clin. Lect. Walton, M. G. H.

12	Clinical Surgery Lecture C. B. Porter, M. G. H.	Syphilis Lecture Post, B. D.	Genito-urin. Surg. Clin. Lect. Watson, B. C. H.	
2	<i>Exper. Physiol.</i> Lab. (2 hrs.) W. T. Porter, H. M. S.	<i>Exper. Physiol.</i> Lab. (2 hrs.) W. T. Porter, H. M. S.	<i>Exper. Physiol.</i> Lab. (2 hrs.) W. T. Porter, H. M. S.	
	Clin. Microscopy Lab. Whitney, H. M. S.	Clin. Microscopy Lab. Whitney, H. M. S.	Clin. Microscopy Lab. Whitney, H. M. S.	
3	Ophthalmology Lecture Wadsworth, Room A		Legal Medicine Lecture Draper, Room A	
	Otology Lecture Blake or J. O. Green, Room A	Ophthalmology Lecture Wadsworth, Room E	Otology Lecture Blake or J. O. Green, Room A	Orthopedic Surg. Clinic (s) Bradford, Ch. H.
4				
5	<i>Oper. Obstetrics</i> Lect. and Demons. C. M. Green, Room C	Regional Surgery M. H. Richardson Room C	Laryngology Lecture DeBlois, Room E	
	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.
7.30				

DECEMBER.

	Monday.	Tuesday.	Wednesday	Thursday.	Friday.	Saturday.
9	Clinical Medicine Prac. Therapeutics Shattuck, M. G. H.	Otology Clinic (s, 2 hrs.) Blake, E. & E. I.		Clinical Medicine Clinic Sears, B. C. H.	Gynaecology Clinic C. M. Green, B. C. H.	Legal Medicine Autopsy Draper, B. C. H.
		Gynaecology Clinic C. M. Green, B. C. H.		Otology Clinic (s, 2 hrs.) Blake, E. & E. I.		Otology Clinic (s, 2 hrs.) Blake, E. & E. I.
10	Ophthalmology Clinic (s, 2 hrs.) Wadsworth, E. & E. I.	Ophthalmology Clinic (s) Quackenboss E. & E. I.	Ophthalmology Clinic (s) Standish, E. & E. I. Jack, B. C. H.	Ophthalmology Clinic (s) Wadsworth, E. & E. I.	Ophthalmology Clinic (s) Quackenboss E. & E. I. Jack, B. C. H.	Ophthalmology Clinic (s) Standish, E. & E. I.
	Laryngology Clinic (s, 2 hrs.) DeBlois, B. C. H.		Laryngology Clinic (s, 2 hrs.) DeBlois, B. C. H.		Laryngology Clinic (s, 2 hrs.) DeBlois, B. C. H.	
		Dermatology Clinic Bowen, M. G. H.		Clinical Surgery Lecture (2 hrs.) Burrell, B. C. H.	Dermatology Clinic Bowen, M. G. H.	
11	Laryngology Clinic (s) Coolidge, M. G. H.	Laryngology Clinic (s) Coolidge, M. G. H.	Laryngology Clinic (s) Coolidge, M. G. H.	Laryngology Clinic (s) Coolidge, M. G. H.	Laryngology Clinic (s) Coolidge, M. G. H.	Laryngology Clinic (s) Coolidge, M. G. H.
	Laryngology Clinic (s) Farlow, B. D.	Laryngology Clinic (s) Farlow, B. D.	Laryngology Clinic (s) Farlow, B. D.	Laryngology Clinic (s) Farlow, B. D.	Laryngology Clinic (s) Farlow, B. D.	Laryngology Clinic (s) Farlow, B. D.
	Syphilis Clinic (s) Post, B. D.	Ophthalmology Clinic (s) Jack, E. & E. I.	Syphilis Clinic (s) Post, B. D.	Syphilis Clinic (s) Post, B. D.	Syphilis Clinic (s) Post, B. D.	Surgical oper. M. G. H.
	Neurology Clinic Putnam, M. G. H.	Diagnosis in Clinical Surgery Clinic C. B. Porter, M. G. H.		Neurology Clin. Lecture Walton, M. G. H.	Ophthalmology Clinic (s) Jack, E. & E. I. Surgical oper. B. C. H.	Neurology Clin. Lecture Walton, M. G. H.

12	Clinical Surgery Lecture C. B. Porter, M. G. H.	Syphilis Lecture Post, B. D.	Genito-urin. Surg. Clin. Lect. Watson, B. C. H.	
2	<i>Exper. Physiol.</i> Lab. (2 hrs.) W. T. Porter, H. M. S.	<i>Exper. Physiol.</i> Lab. (2 hrs.) W. T. Porter, H. M. S.		<i>Exper. Physiol.</i> Lab. (2 hrs.) W. T. Porter, H. M. S.
	Clin. Microscopy Lab. Whitney, H. M. S.	Clin. Microscopy Lab. Whitney, H. M. S.	Clin. Microscopy Lab. Whitney, H. M. S.	Clin. Microscopy Lab. Whitney, H. M. S.
3			Legal Medicine Lecture Draper, Room A	
	Legal Medicine Lecture Draper, Room A			
4	Otology Lecture Blake or J. O. Green Room A		Otology Lecture Blake or J. O. Green Room A	Clinical Medicine Conference Room A
				Orthopedic Surg. Clinic (s) Bradford, Ch. H.
5	<i>Oper. Obstetrics</i> Lect. and Demon. C. M. Green, Room C	Regional Surgery M. H. Richardson Room C	Laryngology Lecture DeBlois, Room E	
	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.
7.30				

JANUARY.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
9	Clinical Medicine Prac. Therapeutics Shattuck, M. G. H.	Otology Clinic (s, 2 hrs.) Blake, E. & E. I.		Clinical Medicine Clinic Sears. B. C. H.	<i>Gynaecology</i> Clinic C. M. Green, B. C. H.	Legal Medicine Autopsy Draper, B. C. H.
		<i>Gynaecology</i> Clinic C. M. Green, B. C. H.		Otology Clinic (s, 2 hrs.) Blake, E. & E. I.		Otology Clinic (s, 2 hrs.) Blake, E. & E. I.
10	Ophthalmology Clinic (s) Wadsworth E. & E. I.	Ophthalmology Clinic (s) Quackenboss, E. & E. I.	Ophthalmology Clinic (s) Standish, E. & E. I. Jack, B. C. H.	Ophthalmology Clinic (s) Wadsworth E. & E. I.	Ophthalmology Clinic (s) Quackenboss, E. & E. I. Jack, B. C. H.	Ophthalmology Clinic (s) Standish, E. & E. I.
	Laryngology Clinic (s, 2 hrs.) DeBlois, B. C. H.		Laryngology Clinic (s, 2 hrs.) DeBlois, B. C. H.		Laryngology Clinic (s, 2 hrs.) DeBlois, B. C. H.	
11		<i>Dermatology</i> Clinic Bowen, M. G. H.		Clinical Surgery Lecture (2 hrs.) Burrell, B. C. H.	<i>Dermatology</i> Clinic Bowen, M. G. H.	
	Laryngology Clinic (s) Coolidge, M. G. H.	Laryngology Clinic (s) Coolidge, M. G. H.	Laryngology Clinic (s) Coolidge, M. G. H.	Laryngology Clinic (s) Coolidge, M. G. H.	Laryngology Clinic (s) Coolidge, M. G. H.	Laryngology Clinic (s) Coolidge, M. G. H.
	Syphilis Clinic (s) Post, B. D.	Diagnosis in Clinical Surgery. Clinic C. B. Porter M. G. H.	Syphilis Clinic (s) Post, B. D.		Syphilis Clinic (s) Post, B. D.	Surgical oper. M. G. H.
	<i>Neurology</i> Clinic Putnam, M. G. H.	Ophthalmology Clinic (s) Jack, E. & E. I.		<i>Neurology</i> Clin. Lect. Walton, M. G. H.	Ophthalmology Clinic (s) Jack, E. & E. I. Surgical oper. B. C. H.	<i>Neurology</i> Clin. Lect. Walton, M. G. H.

12	Clinical Surgery Lecture C. B. Porter, M. G. H.		Syphilis Lecture Post, B. D.	Genito-urin. Surg. Clin. Lect. Watson, B. C. H.	
2	<i>Exper. Physiol.</i> Lab. (2 hrs.) W. T. Porter, H. M. S.	<i>Exper. Physiol.</i> Lab. (2 hrs.) W. T. Porter, H. M. S.	<i>Exper. Physiol.</i> Lab. (2 hrs.) W. T. Porter, H. M. S.	Clin. Microscopy Lab. Whitney, H. M. S.	<i>Exper. Physiol.</i> Lab. (2 hrs.) W. T. Porter, H. M. S.
3		Clin. Microscopy Lab. Whitney, H. M. S.			Clin. Microscopy Lab. Whitney, H. M. S.
		Legal Medicine Lecture Draper, Room A		Legal Medicine Lecture Draper, Room A	
4		Orthopedic Surg. Lecture Bradford, Room A			Orthopedic Surg. Clinic (s) Bradford, Ch. H.
				Regional Surgery M. H. Richardson Room C	
5	<i>Oper. Obstetrics</i> Lect. & Dem. (1 hr.) C. M. Green, Room C Demonstrations (s, 1 hr.)	Regional Surgery M. H. Richardson Room C	<i>Oper. Obstetrics</i> Demonstrations (s, 2 hrs.) H. M. S.	Laryngology Lecture DeBlois, Room E	
7.30	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.

FEBRUARY.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
9	Clinical Medicine Prac. Therapeutics Shattuck, M. G. H.	<i>Gynaecology</i> Clinic C. M. Green, B. C. H.		Clinical Medicine Clinic H. Jackson, B. C. H.	<i>Gynaecology</i> Clinic C. M. Green, B. C. H.	
	<i>Otology</i> Clinic (2 hrs.) J. O. Green, E. & E. I.		<i>Otology</i> Clinic (2 hrs.) J. O. Green, E. & E. I.		<i>Otology</i> Clinic (2 hrs.) J. O. Green, E. & E. I.	
10			<i>Ophthalmology</i> Clinic (2 hrs.) Wadsworth, E. & E. I.	Clinical Surgery Lecture (2 hrs.) Burrell, B. C. H.		<i>Ophthalmology</i> Clinic (2 hrs.) Wadsworth, E. & E. I.
		<i>Dermatology</i> Clinic Bowen, M. G. H.			<i>Dermatology</i> Clinic Bowen, M. G. H.	
		<i>Orthopedic Surg.</i> Clinic Bradford, Ch. H.				
11		Diagnosis in Clinical Surgery. Clinic. C. B. Porter, M. G. H.	Clinical Medicine Practical Exercise Clinic (2 hrs.) R. C. Cabot, M. G. H.		Clinical Medicine Practical Exercise Clinic (2 hrs.) R. C. Cabot, M. G. H.	Clinical Medicine Practical Exercise Clinic (2 hrs.) H. Jackson, B. C. H.
						Surgical operations M. G. H.
					Surgical operations B. C. H.	

12	Clinical Surgery Lecture M. H. Richardson M. G. H.	Infectious Dis. Clinic (s) McCollom, B. C. H.		Genito-urin. Surg. Clin. Lect. Watson, B. C. H.	Infectious Dis. Clinic (s) McCollom, B. C. H.
	Neurology Clinic Knapp, B. C. H.				
2	Exper. Physiol. Lab. (2 hrs.) W. T. Porter, H. M. S.	Clin. Microscopy Lab. Whitney, H. M. S.	Exper. Physiol. Lab. (2 hrs.) W. T. Porter, H. M. S.	Clin. Microscopy Lab. Whitney, H. M. S.	Exper. Physiol. Lab. (2 hrs.) W. T. Porter, H. M. S.
				Clin. Microscopy Lab. Whitney, H. M. S.	
3	Psychiatry Clinic Cowles, McL. H.	Comp. Et. Infec. Dis. Lecture Smith, Room A	Municip. Sanita. Lecture Durgin, Room A	Comp. Et. Infec. Dis. Lecture Smith, Room A	Municip. Sanita. Lecture Durgin, Room A
		Orthopedic Surg. Clinic Bradford, Ch. H.	Ovar. Tumors Lecture Homans, Room E		Psychiatry Clinic Lane, B. I. H.
4		Gynaecology Conference C. M. Green, Room C			Orthopedic Surg. Clinic Bradford, Ch. H.
	Oper. Obstetrics Dem. (s, 2 hrs.) H. M. S.	Hygiene Lecture Harrington, Room A	Oper. Obstetrics Dem. (s, 2 hrs.) H. M. S.	Hygiene Lecture Harrington, Room A	
5		Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.
7.30	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.

MARCH.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
9	Clinical Medicine Prac. Therapeutics Shattuck, M. G. H.	<i>Gynaecology</i> Clinic C. M. Green, B. C. H.		Clinical Medicine Clinic H. Jackson, B. C. H.	<i>Gynaecology</i> Clinic C. M. Green, B. C. H.	
	<i>Otology</i> Clinic (2 hrs.) J. O. Green, E. & E. I.		<i>Otology</i> Clinic (2 hrs.) J. O. Green, E. & E. I.		<i>Otology</i> Clinic (2 hrs.) J. O. Green, E. & E. I.	
10			<i>Ophthalmology</i> Clinic (2 hrs.) Wadsworth, E. & E. I.	Clinical Surgery Lecture (2 hrs.) Burrell, B. C. H.		<i>Ophthalmology</i> Clinic (2 hrs.) Wadsworth, E. & E. I.
		<i>Dermatology</i> Clinic Bowen, M. G. H.			<i>Dermatology</i> Clinic Bowen, M. G. H.	
		<i>Orthopedic Surg.</i> Clinic Bradford, Ch. H.				
11		Diagnosis in Clinical Surgery Clinic C. B. Porter, M. G. H.	Clinical Medicine Practical Exercise Clinic (2 hrs.) R. C. Cabot, M. G. H.		Clinical Medicine Practical Exercise Clinic (2 hrs.) R. C. Cabot, M. G. H.	Clinical Medicine Practical Exercise Clinic (2 hrs.) H. Jackson, B. C. H.
						Surgical oper. M. G. H.
					Surgical oper. B. C. H.	

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APRIL.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
9	Clinical Medicine Prac. Therapeutics Shattuck, M. G. H.	<i>Gynaecology</i> Clinic C. M. Green, B. C. H.		Clinical Medicine Clinic H. Jackson, B. C. H.	<i>Gynaecology</i> Clinic C. M. Green, B. C. H.	<i>Otology</i> Clinic (2 hrs.) Blake, E. & E. I.
		<i>Otology</i> Clinic (2 hrs.) Blake, E. & E. I.		<i>Otology</i> Clinic (2 hrs.) Blake, E. & E. I.		
10			<i>Ophthalmology</i> Clinic (2 hrs.) Wadsworth E. & E. I.	Clinical Surgery Lecture (2 hrs.) Burrell, B. C. H.		<i>Ophthalmology</i> Clinic (2 hrs.) Wadsworth E. & E. I.
		<i>Dermatology</i> Clinic Bowen, M. G. H.			<i>Dermatology</i> Clinic Bowen, M. G. H.	
		<i>Orthopedic Surg.</i> Clinic Bradford, Ch. H.				
11		Diagnosis in Clinical Surgery Clinic C. B. Porter, M. G. H.	Clinical Medicine Practical Exercise Clinic (2 hrs.) R. C. Cabot, M. G. H.		Clinical Medicine Practical Exercise Clinic (2 hrs.) R. C. Cabot, M. G. H.	Clinical Medicine Practical Exercise Clinic (2 hrs.) H. Jackson, B. C. H.
						Surgical oper. M. G. H.
					Surgical oper. B. C. H.	

12	Clinical Surgery Lecture M. H. Richardson M. G. H.	Infectious Diseases Clinic (s) McCollom, B. C. H.	Neurology Clinic Knapp, B. C. H.	Genito-urin. Surg. Clinical Lecture Watson, B. C. H.	Infectious Diseases Clinic (s) McCollom, B. C. H.
2	Neurology Clinic Knapp, B. C. H.				
	Exper. Physiol. Lab. (2 hrs.) W. T. Porter, H. M. S.	Clin. Microscopy Lab. Whitney, H. M. S.	Exper. Physiol. Lab. (2 hrs.) W. T. Porter, H. M. S.	Clin. Microscopy Lab. Whitney, H. M. S.	Exper. Physiol. Lab. (2 hrs.) W. T. Porter, H. M. S.
3	Psychiatry Clinic Cowles, McL. H.	Comp. Et. Infec. Dis. Lecture Smith, Room A		Comp. Et. Infec. Dis. Lecture Smith, Room A	Clin. Microscopy Lab. Whitney, H. M. S.
4		Orthopedic Surg. Clinic Bradford, Ch. H.			Psychiatry Clinic Lane, B. I. H.
		Gynaecology Conference C. M. Green, Room C			Orthopedic Surg. Clinic Bradford, Ch. H.
5		Hygiene Lecture Harrington, Rm. A		Hygiene Lecture Harrington, Rm. A	
7.30	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.

MAY.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
9	Clinical Medicine Prac. Therapeutics Shattuck, M. G. H.	<i>Otology</i> Clinic (2 hrs.) Blake, E. & E. I.	Surgical Visit B. C. H.	Clinical Medicine Clinic H. Jackson, B. C. H.		<i>Otology</i> Clinic (2 hrs.) Blake, E. & E. I.
		<i>Gynaecology</i> Clinic C. M. Green, B. C. H.		<i>Otology</i> Clinic (2 hrs.) Blake, E. & E. I.	<i>Gynaecology</i> Clinic C. M. Green, B. C. H.	
			<i>Ophthalmology</i> Clinic (2 hrs.) Wadsworth, E. & E. I.	Clinical Surgery Lecture (2 hrs.) Burrell, B. C. H.		<i>Ophthalmology</i> Clinic (2 hrs.) Wadsworth, E. & E. I.
10	Surgical Clinic M. G. H.	<i>Dermatology</i> Clinic Bowen, M. G. H.			<i>Dermatology</i> Clinic Bowen, M. G. H.	
		<i>Orthopedic Surg.</i> Clinic Bradford, Ch. H.				
		Diagnosis in Clinical Surgery. Clinic C. B. Porter, M. G. H.	Clinical Medicine Practical Exercise Clinic (2 hrs.) R. C. Cabot, M. G. H.		Clinical Medicine Practical Exercise Clinic (2 hrs.) R. C. Cabot, M. G. H.	Clinical Medicine Practical Exercise Clinic (2 hrs.) H. Jackson, B. C. H.
11						Surgical oper. M. G. H.
					Surgical oper. B. C. H.	

12	Neurology Clinic Knapp, B. C. H.	Infectious Diseases Clinic (s) McCollom, B. C. H.	Neurology Clinic Knapp, B. C. H.	Genito-urin. Surg. Clin. Lect. Watson, B. C. H.	Infectious Diseases Clinic (s) McCollom, B. C. H.
2	Exper. Physiol. Lab. (2 hrs.) W. T. Porter, H.M.S.	Clin. Microscopy Lab. Whitney, H. M. S.	Exper. Physiol. Lab. (2 hrs.) W. T. Porter, H.M.S.	Clin. Microscopy Lab. Whitney, H. M. S.	Exper. Physiol. Lab. (2 hrs.) W. T. Porter, H.M.S.
3		Comp. Et. Infec. Dis. Lecture Smith, Room A		Comp. Et. Infec. Dis. Lecture Smith, Room A	Clin. Microscopy Lab. Whitney, H. M. S.
4		Orthopedic Surg. Clinic Bradford, Ch. H.			Orthopedic Surg. Clinic Bradford, Ch. H.
5		Gynaecology Conference C.M.Green, Room C			
7.30	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Clinic (s) Accident-room M. G. H.	Hygiene Lecture Harrington, Room A	Hygiene Lecture Harrington, Room A
					Clinic (s) Accident-room M. G. H.

DEGREES.

On Commencement Day, June 26, 1901, degrees were conferred as follows :—

M. D.

Horatio Cushing Allen, A.B.	Arthur Lemuel Kennedy.
Nathaniel Allison.	Charles Lewis Knight.
Frederick Albert Bardwell, M.D.	Gustave Emil Kurth.
Michael Francis Barrett, A.B.	Fred DeForest Lambert, M.D.
John Joseph Bartley.	Chrysostom John Leary.
Walter Legrand Bond.	John Mason Little, Jr., A.B.
William Frederick Boos, A.B., PH.D.	Edwin Allen Locke, PH.B., A.M.
Alfred Winthrop Bowman.	William Hearst McBain, A.B.
James Francis Brady.	Samuel James McDonald, A.B.
Nathaniel Perkins Breed.	John Francis McHugh.
Nathaniel Pope Breed, A.B.	Francis Ronan Mahoney.
Albert David Brewer, A.M.	Nathaniel Robert Mason, A.B.
Joseph Forrest Burnham.	Orland Smith Mayhew.
Arthur Alverdo Chase.	Scott Webber Mooring.
Henry Melville Chase, Jr., S.B.	John Hinckley Morse, A.B.
Walter Greenough Chase, A.B.	Philip Wilfred Travis Moxom.
Alfred Henry Childs, A.B.	William Anthony Mulherin, A.M.
Herbert Cholerton.	Edward Everett Myers.
Bayard Taylor Crane.	Osmond Cleander Baker Nason,
Rupert Calladon Cross.	A.M., M.D.
Alvah Cochran Cummings, S.B.	Walter Freeman Nolen.
Morton Everett Cummings.	Ralph Beverley Ober.
Arthur Hardy Cutter, S.B.	George Frederick O'Day, A.B.
Richard Dutton, A.B.	Harry Caldwell Parker.
Harold Adams Gale, A.B.	Thomas Tounge Perkins, M.D.
Albert Farnsworth Griffiths.	Bernard Wesley Pond, A.B.
Lyman Sawin Hapgood, A.B.	Herbert Bancroft Priest, A.B.
Hugh Kerr Hatfield.	Frank Wendell Putnam, S.B.
Philip Francis Herbst.	Ralph Putnam, A.B.
Howard Fowler Holmes, S.B.	William Edward Reed.
William Welles Hoyt.	Rees Bynon Rees, M.D.
Walter Perkins Hutchinson, A.B.,	William Norton Riley.
B.S.T.	Frederick McNaughton Robertson.
Howard Bigelow Jackson, A.B.	Louis Sydney Bassford Robinson,
John Herbert Johnson.	A.B.
Harold Wellington Jones.	Daniel Eastman Rogers.

George Phippen Sanborn.	Edward Nelson Tobey, A.B.
Nathan Edwin Sanders, A.B.	David Townsend, A.B.
James Warren Sever.	Charles Herman Tozier, S.B.
Edward Wadsworth Shead.	Samuel Graham Underhill, A.B.
William Skarstrom.	Wallis Dunlap Walker, A.B.
Frank Warren Sleeper, A.M.	John Slater Waterman.
Elmer Ernest Southard, A.B.	Thomas Henry Toynbee Wight.
Frederick Leon Taylor, S.B.	George Edgar Winslow.
Peter Hunter Thompson, M.D.	Nathaniel Knight Wood, A.B.

M. D. cum laude.

Eliot Alden, A.B.	Harris Bigelow Haskell, A.B.
Horace Binney, A.B.	Charles Eleazer Hawkes, A.B.
Leslie Raymond Bragg, S.B.	Peter William Hess.
John Lewis Bremer, A.B.	Robert Eustis Hoyt.
Walter Remsen Brinckerhoff, S.B.	Percy Gates Knickerbocker.
Benjamin Thomas Burley, A.B.	Thomas Francis Leen, A.B.
David Cheever, A.B.	Frederic Thomas Lewis, A.M.
Franklin Edward Clark.	Fred Towsley Murphy, A.B.
Thomas Francis Clark.	Joseph Cyril O'Connell.
William Grout Dwinell.	Ernest Bradford Schallenbach.
Benjamin Kendall Emerson, Jr., A.B.	James Herbert Shannon, A.B.
Martin Thomas Field.	Lincoln Fleetford Sise, A.B.
Elisha Flag, A.B.	Harold Wellington Smith.
Robert Francis Gibson	Fred Paterson Webster.
	Alfred Millard Wose.

M.D. (*Out of course.*)

Homer Leigh Conner, as of the Class of 1900.
 Charles Willard Pierce, A.B., as of the Class of 1900.
 Walter Clarke Seelye, A.B., “ “ “

M.D. cum laude. (*Out of course.*)

Charles Francis Canedy, A.B., as of the Class of 1900.

ADMISSION EXAMINATION.

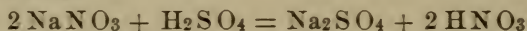
JUNE, 1901.

CHEMISTRY.

1. What do you understand by physical, as distinguished from chemical, properties? What are: (a) the physical, (b) the chemical properties of phosphorus?

2. Define the following: valence, allotropism, distillation, fractional distillation, precipitation.

3. How many grams of NaNO_3 are required for the manufacture of 500 grams of HNO_3 ?

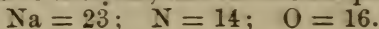


4. Sources of the following: (a) Chlorine; (b) bromine; (c) iodine; (d) sulphur; (e) phosphorus?

5. What are the constituents of atmospheric air?

6. Compare cast iron, wrought iron, and steel.

7. Name the group reagents for the metals in the order in which they are applied in qualitative analysis, and the metals precipitated by each.



EXAMINATION PAPERS.

(*Annual Examinations, 1901.*)

First Year Studies.

ANATOMY. — Professor DWIGHT.

1. What are the differences between the vertebrae of the cervical, thoracic, and lumbar regions?
2. Give the general arrangement of the bones of the ankle.
3. Describe the course and relations of the femoral artery.
4. What is the general distribution of the 5th pair of cranial nerves.
5. Give the course, relations, and chief tributaries of the inferior vena cava.

HISTOLOGY. — Professor C. S. MINOT.

[Each student is given four sections numbered to correspond with the questions below. He is expected to make simple drawings only, but sufficient to show that he has correctly identified the parts. Any student who draws tissues or structures, not shown in his preparation, will be considered to have failed in all his answers.]

1. Draw and identify all the tissues and structures in the section and give your reasons for the identification made.
2. Draw and name the blood channels. What is the organ? How does the blood move through the channels drawn?
3. What is the organ? In what plane is the section made? Draw and describe the epithelial cells shown in the section.
4. Draw and describe the neurons. What peculiarities do they present, by which you can determine to what region of the nervous system they belong?

1. Section of human vagina; Mallory's triple stain. 2. Human liver; haematoxyline and eosine. 3. Mucos. of stomach; horizontal section; haematoxyline and eosine. 4. Spinal cord; cross section; haematoxyline.

PHYSIOLOGY. — Professor W. T. PORTER.

Answer any four questions, but not more than four. The answer to any one question should not exceed three hundred words.

1. Draw curves showing the changes of pressure in the auricle, ventricle, and aorta from the beginning of one auricular contraction to the beginning of the next. Add brief explanatory notes.
2. Give an account of the physiology of smooth muscle.

3. Discuss the chemistry of respiration.
4. Draw the motor area of the cortex and give evidence in support of the theory of cortical localization.
5. Write a sketch of the physiology of absorption.

"The students in physiology are marked also upon daily written tests and upon the laboratory note-books containing the graphic records and protocols of their experiments."

PRACTICAL EXAMINATION IN PHYSIOLOGY.

[Each student is required to make four of the six experiments bearing his number and to write an account of his observations on the blank furnished herewith. Where the results of the experiments are not expressed in a graphic record they must be demonstrated to the instructor.]

1. Demonstrate polar stimulation by the galvanic current. Show the vasomotor functions of the spinal cord. Demonstrate the inhibition of reflex action in the frog. Furnish experimental evidence for an explanation of the auriculo-ventricular interval. Prove that the galvanic current stimulates during the whole time of its passage through an irritable tissue. Demonstrate the influence of load on ventricular contraction.

2. Show by diagram the method of determining the size of a retinal image. Demonstrate that the nervous impulse must pass to the central nervous system before it can produce a reflex action. Demonstrate the difference in the physiology of smooth and striated muscles. Prove the existence of tonic contraction of muscle. Demonstrate the current of action in muscle or nerve. Give experimental evidence that the vagus connects with the nerve cells in the heart.

3. Show the function of the anterior spinal nerve-roots. Record with the artificial scheme pulse curves of low arterial tension and high arterial tension, and discuss their method of production. Construct a diagram showing the formation of the image in myopia. Prove that the extensibility of muscle is increased in tetanus. Demonstrate the limits of the refractory period and the existence of the compensatory pause. Prove that the demarcation current (current of injury) may act as a stimulus.

4. Show the effect of inhibition of the heart on arterial pressure in the frog. Demonstrate on muscle the different effect of sudden and of gradual increase in intensity of stimulus. Prove the discontinuous nature of tetanic contraction. Show the influence of temperature on the form of the contraction wave of skeletal muscle. Produce evidence that irritability is separable from conductivity. Show that the control of movements is localized at different levels of the spinal cord.

5. Determine the effect of stimulation of the vagus on the beat of the ventricle. Show that all contractions of heart muscle are maximal. Give experimental evidence that a nerve fibre may conduct impulses in both directions. Show that a constant stimulus may cause periodic contraction. Show the influence of fatigue on muscular contraction. Draw a construction showing the formation of the image in the indirect method of observing the retina.

6. Show the action of the sympathetic on the heart. Demonstrate the spreading of impulses in the central nervous system. Record curves showing the influence of changes in the aortic pressure on the interval between the beginning of ventricular contraction and the opening of the

semilunar valves (in the artificial scheme). Show the segmental arrangement of the reflex apparatus. Construct a diagram showing the formation of the image in hypermetropia. Show the influence of an increase in peripheral resistance on the blood pressure in the frog.

7. Demonstrate that the cardiac systole is a simple contraction. Show the influence of load on the work done by skeletal muscle. Show where the more complicated coordinated reflex acts have their centers. Prove the independent irritability of muscle. Show experimental proof of the law of contraction with weak, medium, and strong, ascending currents. Make a record of minimal and maximal stimulation and show the effect of summation.

8. Show evidence that the ventricular contraction wave may be transmitted by muscular tissue. Prove that the excitability of a nerve is altered in the neighborhood of the anode and the cathode during the passage of the galvanic current. Secure a record of the effect of duration of stimulus on smooth muscle. Compare an isometric contraction with an isotonic contraction. Obtain from the artificial scheme of the circulation a characteristic pulse curve of aortic regurgitation and explain its production. Demonstrate and discuss the apparent purpose in reflex action.

PHYSIOLOGICAL CHEMISTRY.—Professor W. B. HILLS.

1. How do proteoses and peptones differ from each other and from other simple proteids?
2. What is keratin? Where found? Properties?
3. Describe the digestion and absorption of fats. What is the probable origin of the fat of the body?
4. In what respects does the action of trypsin differ from that of pepsin?
5. Enumerate the important chemical processes which take place in the large intestine.
6. Composition of lymph? Theories of formation?
7. For what substance do you test in order to determine the presence or absence of urine in any fluid? Process?
8. How would you test for albumose in the urine? Blood pigment?

PRACTICAL EXAMINATION.

1. Identify the carbohydrates and proteids in the solution given.
2. Determine what, if any, gastric acids are present in the solution given.
3. Determine what, if any, enzymes are present in the solution given. (To each student one of the following was given: (a) a solution of pepsin; (b) an alcoholic extract of pancreas.)
4. Determine what, if any, abnormal constituents are present in the urine provided, and estimate the amount of chlorine and urea. (The urine contained albumin and sugar.)
5. Identify the substances present in the urinary sediment provided. (The sediment contained at least three varieties of crystals, and several organized elements.)

Second Year Studies.**ANATOMY.**—Professor DWIGHT.

1. Describe the antrum of Highmore, and give its relations, especially to the teeth.
2. Describe the development of the temporal bone.
3. Describe the relations of the cavities of the heart to each other as shown on a cross section passing through all the cavities.
4. What is the great omentum and how is it developed?
5. What and where are the corpora quadrigemina, and from what are they developed?
6. What groups of muscles are supplied by the anterior crural, the obturator, the internal and external popliteal nerves? Give the origins of these nerves.

BACTERIOLOGY.—Professor ERNST.

1. What is the classification of the bacteria? Describe one of the "higher" bacteria.
2. What bacteria are concerned in the production of Pneumonia? Describe one of them.
3. Tell what you know of the Bacteriology of Leprosy.
4. What are the characteristics of the Bacillus of Diphtheria, and how does it produce its effects?

PATHOLOGY.—Professor COUNCILMAN.

1. Tuberculous pneumonia. Give cause, mode of infection, macroscopic and microscopic characteristics.
2. Name main causes of ulceration in the gastro-intestinal tract and give the chief points in their differential diagnosis.
3. Amyloid. Under what conditions does it occur—chiefly in what organs—the macroscopic appearance in a single organ in a typical case—the micro-chemical reactions for its detection?
4. What macroscopic characteristics distinguish a malignant from a non-malignant tumor? Name a representative of each.
5. Give the complete life-cycle of the blood-parasite of tropical malarial fever as now generally accepted.
6. Discuss this case briefly and give the diagnoses of the lesions present:—

Autopsy 36 hours post mortem. Male child, aged 6 years.

Body of a well developed, fairly well nourished white boy, 105 cm. long. Slight rigor mortis present. Lividity of dependent parts. No oedema. Lips and left cheek show several superficial brownish red scabs of a herpetic eruption.

Peritoneal cavity contains no fluid, the peritoneal surface smooth and glistening. The mesenteric lymph nodes are prominent, but apparently not enlarged. The border of the liver reaches 10 cm. below the costal

margin in the right mammillary line. The diaphragm reaches on each side to the fifth rib.

Pleural cavity. The left lung is bound down by a few very delicate adhesions posteriorly. The right pleural cavity is obliterated anteriorly, and posteriorly except over the surface of the lower lobe, by fairly strong adhesions between the two layers of the pleura. Posteriorly over the surface of the lower lobe and extending forward to the mid-axillary line there is an encapsulated cavity containing about 120 cc. of yellowish white, creamy pus. In this pus are many capsulated lanceolate diplococci.

Pericardial cavity: contains about 150 cc. of yellowish white, creamy pus which microscopically shows diplococci identical with those found in the pus from the pleural cavity.

Heart, wt. 100 gms. Measurements, normal. The surface of the heart is covered with a layer about 1 mm. thick of yellowish white material which is easily pulled off in strips, leaving a smooth surface beneath. The surface of the heart is roughened by this layer and resembles the picture produced by separating the two slices of a buttered sandwich. Beneath this outer layer is a yellowish white layer about 1 mm. thick, which microscopically is found to be made up of muscle fibres in a state of marked fatty degeneration. The endocardium and valves are normal. Coronary arteries normal. Frozen section of a bit of papillary muscle shows presence of many fat droplets in the muscle fibres.

Lungs. Surface of right lung roughened by numerous fibrous tags. The posterior surface of the lower lobe, corresponding to the cavity filled with pus, is covered with a yellowish layer of fibrin about 1 mm. thick. This is easily pulled off, leaving a smooth surface. The lower and middle lobes are voluminous, increased in density, and on section grayish red in color. The cut surface is finely granular and the tissue firm in consistence. Portions removed from various places sink in water. The middle and lower lobes are closely adherent to each other and between the two are numerous small pockets of pus. The upper lobe is red, flabby, and contains air.

The left lung has a smooth surface and on section is everywhere red, flabby, and contains air.

One peribronchial lymph node at the root of the right lung is enlarged and on section is seen to have nearly completely undergone calcareous degeneration.

Spleen, wt. 90 gms. Surface smooth. On section is red and the Malpighian bodies appear as grayish areas 1 to 1½ mm. in diameter. The organ is firm in consistence. Pulp not increased.

Stomach and intestine normal.

Pancreas normal.

Liver, wt. 870 gms. Surface smooth. Cut surface is of a uniform brownish red color. Consistence is tough and firm.

Kidneys, wt. 280 gms. Are quite large. Capsule strips off fairly easily, leaving a smooth surface deeply injected with numerous small ecchymoses. Cortex 6 mm. thick. On section of a reddish color. Pyramids are not so pale as the cortex and the markings are fairly distinct. In strong sunlight the glomeruli are just visible as fine pale points. The cut surface is quite moist and appears oedematous. Frozen sections show an increased number of nuclei in the glomeruli. Very few fat droplets are found.

Adrenals, bladder, prostate, testicles, aorta, and organs of neck are normal.

CLINICAL CHEMISTRY. — Professor WOOD.

1. In what kidney diseases is the 24-hour quantity of urine low and the amount of the normal solids diminished?

2. With the 24-hour quantity of urine at 900 cc. what would be the difference in the other characteristics of the urine in a case of acute nephritis and active hyperaemia of the kidneys?

3. Character of the urine and sediment in a case of gouty kidney?

4. In what diseases may the urine contain $\frac{1}{2}$ per cent. or more of albumin?

5. Discuss the following specimens, giving reasons for the inferences which may be drawn from them:—

CASE A.

Color Normal. Acid. Sp. Gr. = 1022 $\frac{1}{2}$. Slight sediment.

Uph. = n.	$\bar{U} = 2.02\%$.	Cl. = 0.491%.	E. P. = —.
Ind. = n.	$\bar{U} = 0.055\%$.	Sf. = n.	A. P. = n.

Slightest possible trace of albumin. No bile or sugar.

Sediment = an occasional hyaline, granular and brown-granular cast, with renal cells, and blood globules adherent. Few free renal cells and blood globules.

Amount of urine	in 24 hours	Day = 1040 Night = 980	} 2020 cc.
" urea	"	= 40.804 grms.	
" uric acid	"	= 1.110 "	
" chlorine	"	= 9.920 "	
" phosphoric acid	"	= 4.540 "	

6. CASE B.

Color normal. Acid. Sp. Gr. = 1019. Slight sediment.

Uph. = n.	$\bar{U} = 1.89\%$.	Cl. = 0.576%.	E. P. = —.
Ind. = +.	$\bar{U} = 0.045\%$.	Sf. = n.	A. P. = —.

Slightest possible trace of albumin. No bile or sugar.

Sediment = an occasional hyaline and finely-granular cast, rarely with an oil globule adherent. An occasional free renal cell. Slight excess of leucocytes and cells from the prostatic region and an occasional blood globule.

Amount of urine	in 24 hours	= 1300 cc.
" urea	"	= 24.570 grms.
" uric acid	"	= 0.585 "
" chlorine	"	= 7.490 "
" phosphoric acid	"	= 1.230 "

7. Name five varieties of leucocytosis. Describe the general characteristics of the corpuscular elements of normal blood as seen in stained specimens. What is poikilocytosis?

8. Symptoms and post-mortem appearances in hydrocyanic acid and cyanide of potassium poisoning?

MATERIA MEDICA AND THERAPEUTICS —Asst. Professor PFAFF.

1. Action of amylnitrite and its uses? What other substances have similar action?
2. Pharmacological action of aconite?
3. Local and general action of lead?
4. General indication for the use of morphine? Its contraindications?
5. Compare the action of atropine and physostigmine?
6. Write prescriptions for the following, avoiding abbreviations and giving full directions for use:—
 - 1) Tincture of Digitalis.
 - 2) Sodium salicylate.
 - 3) Theobromin-sodium salicylate.
 - 4) Potassium chlorate.
 - 5) Silver nitrate.
 - 6) Antipyrin.
7. General methods of treatment of lung diseases?
8. Elimination of ammonia?

Third Year Studies.**THEORY AND PRACTICE.**—Professor FITZ.

1. Discriminate between simple, rheumatic, and haemorrhagic purpura.
2. The symptoms and signs of impending diabetic coma.
3. The treatment of acute, rheumatic polyarthritis and what is to be expected from it.
4. Define apoplexy and state the means of making a differential diagnosis between its varieties.
5. The conditions under which ascites without anasarca may be of cardiac origin.
6. The conditions under which digitalis or strophanthus should and should not be used in the treatment of affections of the heart.
7. The diagnosis and treatment of pyopneumothorax.
8. The limitations to the medical treatment of ulcer of the stomach.
9. The significance of recurring haematuria and the evidence needed to determine the source of the blood.
10. The diagnosis, prognosis, and treatment of multilocular, cystic kidney

PEDIATRICS.—Professor ROTCH.

[More credit will be given to an intelligent discussion of the case than to a correct diagnosis unsupported by such discussion.]

1. Give the differential diagnosis of the following case:—

A female infant was born September 22, 1899, after a normal labor at full term. She was the second child, there having been one previous miscarriage. She was healthy at birth. She began to have occlusion of

the nares (snuffles) when about a week old. This increased gradually, was very marked by November, and continued unchanged until she was seen May 14, 1900, when nine months old. She had been fed on the breast, but had not done very well. She had had, however, no gastro-enteric disturbance. Her parents had noticed no especial symptoms except that she was somewhat backward in development and physically weak.

Physical Examination.—She was small and poorly nourished. The frontal eminences were enlarged and the forehead was prominent. The parietal eminences were also enlarged. The anterior fontanelle was 3 cm. in diameter and was bulging. The superficial veins of the head were very distinct. She could hold up her head but feebly. The nasal occlusion was marked. There were several cracks and radiating cicatrices about the corners of the mouth. She was unable to sit alone. There was a very slight rosary. The heart and lungs were normal. The lower border of the liver was palpable below the ribs half way to the line of the umbilicus. The spleen could be felt beneath the ribs in the anterior axillary line as far downward as the level of the umbilicus and backward to the posterior axillary line. The surface of the spleen was smooth, the edge sharp, the notch palpable. There was no evidence of fluid in the abdomen. The extremities were normal except that the skin of the soles and palms was dry and cracked. There was a general enlargement of the lymph nodes, including the post-auricular and the epitrochlear. There was a raised, oozing, reddened area about the size of a split pea at the border of the anus. The blood showed:—

Haemoglobin	65%
Red corpuscles	4,200,000
White corpuscles	13,400
Small mononuclear cells	42%
Large mononuclear cells	11%
Polynuclear neutrophiles	45%
Eosinophiles	2%.

There was a moderate variation in the size of the red corpuscles, but little in their shape and staining reaction.

2. Give the chief points in the mechanism of the foetal circulation, and state in what way they are connected with the production of congenital cardiac disease.

3. Write a laboratory prescription, with full directions, for feeding an infant, four months old, with a weak fat and proteid digestion. Then give full directions for substituting a home modification for the same infant two months later, when its digestion has become normal for its age.

4. Give the differential diagnosis between a marked case of fermental diarrhoea and one of ileo-colitis.

5. Describe a typical case of diphtheria, giving the appearance of the membrane.

6. Give the symptoms and treatment of a severe case of infantile scorbutus.

SURGERY.—Professor WARREN.

1. Describe the important forms of complication in fracture.
2. Potts' fracture of the ankle. Give cause, pathology, and principles of treatment.
3. Differential diagnosis of aseptic and septic fever. Give etiology of each.
4. What are the symptoms of internal hemorrhage into the abdominal cavity?
5. What are the functional changes brought about by an obstruction of the intestinal canal and to what symptoms do they give rise?
6. Give the results of a stab wound of the femoral vessels. Treatment.
7. What is the modern theory of concussion of the brain? Differential diagnosis from compression.
8. The treatment of cleft palate.
9. What is the mode of development of a fibroma of the breast? Give prognosis.
10. Pathology of direct and oblique inguinal hernia. Differential diagnosis.

OBSTETRICS.—Professor W. L. RICHARDSON.

1. What is a placenta succenturiata? What would lead you to think that one had been left in the uterus at the end of a case of labor? If such were the case what would you do?
2. Give the signs and symptoms which point to the death of the foetus in utero during the sixth month. Prognosis and treatment?
3. When would you expect to arrest an impending miscarriage at five months? When would you favor its completion?
4. What may be learned by careful abdominal examination during labor?
5. What is the normal mechanism of labor when the head presents O. D. P.?
6. What are the symptoms of exhaustion during labor which call for interference: on the part of the mother; of the uterus; of the foetus?
7. Why is ante-partum haemorrhage likely to occur in cases of placenta praevia? And why is post-partum haemorrhage more likely to occur than when the placenta is normally seated?
8. A primipara, on the fifth day of the convalescence, has a chill and a temperature of 102°. The right breast has an indurated, reddened, tender area in the right lower quadrant; the right nipple looks healthy, but is markedly inverted, and nursing is possible only with a nipple shield. Diagnosis and treatment?
9. What complicating diseases arising in the puerperium might lead you to believe that septicaemia was developing, and how would you differentiate from it?
10. Treatment of puerperal septicaemia?

GYNAECOLOGY. — Asst. Professor DAVENPORT.

1. Describe the method of bimanual examination.
2. How much of the pelvic organs can be explored by this method under normal conditions?
3. Describe the anatomical conditions present in complete procidentia.
4. What symptoms may occur as a result of a retroversion?
5. Describe the method of making applications to the endometrium.
6. What are the indications for hysterectomy in a case of fibroid tumor of the uterus?

DERMATOLOGY. — Professor WHITE.

1. Diseases of the sweat glands.
2. Most common forms of dermatitis venenata.
3. Lichen planus.
4. Impetigo contagiosa.
5. Treatment of cutaneous tuberculosis.

NEUROLOGY. — Professor PUTNAM.

1. Under what circumstances may the arms be paralyzed, or partially paralyzed, without the legs, or more than the legs?

2. What tissues or portions of the nervous system are prone to be attacked by syphilis, and what (stated briefly) is the *general character* of the corresponding symptoms?

3. Indicate briefly, and without unnecessary discussion, the probable diagnosis and the alternative diagnoses, in the following cases:—

(a) A child of 12 was attacked suddenly with severe pains about the waist, and lost power rapidly in the legs, so that within four hours they were wholly paralyzed. Involuntary discharges of urine and faeces occurred, and, later, bedsores came on. Five months after the onset she was still wholly paralyzed in the legs, and the sensibility of the skin was impaired as high as the nipple-line, but nowhere absolutely lost. The sphincters of the bladder and rectum were paralyzed. The tendon-reflexes of the legs were highly exaggerated, and the flexors and adductors strongly contracted.

(b) A middle-aged woman of no great intelligence suffered a fall of moderate intensity, but was able to walk home though in a highly nervous state which persisted continuously. Her left leg, which had been slightly injured about the hip became very painful, the pain being increased by the slightest passive movement. The muscles about the thigh and pelvis were constantly contracted as if to prevent motion at the hip-joint, and as a result the pelvis was strongly tilted upwards on the left side, the neighborhood of the left hip-joint becoming very prominent. The skin over the left leg and to a less degree over the whole left side, including the arm, trunk (left half) and face, became more or less anaesthetic, except about the hip, where it was hyperaesthetic. As the case progressed the

patient became able to get about on crutches, but dragged the left leg, not moving it even at the hip-joint. Medico-legal complications were present. Eventually she recovered, but not until after several years.

(c) A woman of 53, of nervous temperament and neurotic antecedents, and subject to occasional sick-headaches, woke one morning feeling her right hand weak and numb, and with slight confusion of speech, both of which signs passed away in the course of half an hour. Two days later she had another similar attack, and subsequently they recurred a good many times, at intervals of a month or two. Sometimes the difficulty of speech showed itself without any affection of the hand. The attacks were usually followed by slight headache. The urine was normal in all respects; the heart and arteries were normal; and nothing unusual was found on ophthalmoscopic examination. There was no loss of consciousness with any attack.

4. Give the usual symptoms of *multiple neuritis* and also the different forms under which it may occur, and state the other disorders of the nervous system with which it may be associated or to which it may lead.

PSYCHIATRY. — Dr. COWLES.

1. Describe briefly the “stream of consciousness,” noting its chief elements and the relation of the attention to the “focal object.”

2. Mention some forms of “imperative ideas”; and specify the principal mental elements that are disordered.

3. What are the characteristic mental symptoms of depressive-maniacal insanity, — comparing the groups of symptoms of the two phases?

4. What are the common forms of *Dementia Praecox* and its chief characteristics?

5. CASE. — A woman, 27 years of age; no heredity. She is said to have been rather indolent all her life, but not unintelligent. A marriage engagement in the summer of '97 was broken in April '98. She worried over this, and 3 days later went to bed, speaking and eating very little for several weeks; improved. Later, during 3 days from May 17, she walked the floor much of the time, biting her nails, clasping hands over her head; after this became much more quiet, moving but little, answering by only “yes” or “no,” in a faint voice; but she recognized her friends. About a week after this she was somewhat more free in speech and movement, but said she felt confused; it required 2 to 3 minutes to speak a few words. For this period (2 to 3 weeks) there is complete amnesia. She became less confused, and expression easier; but even in the beginning of July she asked to have things explained to her. There was considerable constipation and anorexia throughout the illness. She gradually improved, but remained depressed until entering the McLean Hospital, July 16, 1898.

In Hospital. — The patient was rather restless the first evening; afterwards became very quiet, moved and spoke little, tried to read when a book was given her, but gazed at a sentence saying “I cannot keep my mind on it.” She spoke in a low tone and slowly, but her answers were responsive. On two examinations it took her 8 and 7 seconds, respectively, to count from 1 to 20; and when pressed to do it quickly, $5\frac{1}{2}$ to 6 seconds. She moved and wrote slowly, even when urged. In successive

subtractions: $20 - 2$, $18 - 2$, etc., to 0, it was done correctly in 14 seconds; in like manner, $100 - 7$ was done only down to 79, — very slowly; and then the patient said “I can’t remember”; later to 54, in one minute, and then she said she could not go on. When asked whether other things kept distracting her, or whether her mind was a blank, she said “A blank.” She was oriented perfectly as to place and time. She said in answer to questions “my mind is slow,” and “I have difficulty in getting my thoughts together;” and that she worried about this and the condition of her bowels, which was “not natural on account of many injections.” Looking back to this period, when she was better, she said that something seemed to keep her from talking and that she had no inclination to talk. Once she said to the nurse “Why can’t I remember the 3 weeks at my grandfather’s?” This referred to the period of amnesia mentioned above. During the first two days of her stay in hospital she ate fairly well; after that she was reluctant, spoke of having no appetite (and on one occasion of being “filled up”). This continued during almost the entire 6 weeks while she was here in hospital, even though she was much improved mentally; she continued much constipated. The embarrassment of speech and action gradually improved and she became cheerful. Her weight increased from 93 to 100 pounds. She did not menstruate while in hospital. Her temperature rose to 100 at one time, but usually was below normal. Her pulse varied between 100 and 80, then between 80 and 90, tending to normal rate. Left hospital Sept. 3, 1898, still improving.

Diagnosis? Prognosis? Treatment?

Fourth Year Studies.

CLINICAL MEDICINE. — Professor SHATTUCK.

[Discuss these cases in the order in which they are arranged. Assume that symptoms not mentioned are wanting; but as omissions, intentional or not, may occur, state them if essential. The intelligent discussion of the case will have more weight than a hasty and inconclusive though correct diagnosis. Write out all prescriptions in full.]

CASE 1. — A business man of 26, of good family history, habits, and previous health, married two weeks ago, is seen late in the evening in November, 1900. In the latter part of July, after golf, which he plays with the left hand down, he suffered during part of the night from severe neuralgic pain throughout the left arm. About a month later he had a second similar attack, not following golf, and the pain then recurred nightly after one A.M. During the day time the pain was only occasional and relatively mild. About eight weeks ago he began to have “indigestion” — *i. e.*, a sensation as if food was arrested on its way to the stomach which, apparently, managed it well enough after its arrival. About two weeks later a dry, harassing cough came on, troubling him most when on his back or right side, was also excited by taking food. Soon after this he noticed that the veins in his neck swelled up when he stooped over. About two weeks ago his neck increased in circumference and he had to have his head higher at night. Lately he has had severe night sweats. Pain, especially in his left arm, dysphagia, and dry cough are now the most prominent symptoms. There has been some loss of weight, more of strength.

He is pale, nervous and excited. The temperature is normal, as are the pulse and respiration in the erect position. Lying down causes marked dyspnoea. Toward the root of the neck on the left side discreet, non-tender lumps can be felt, without attachment to or reddening of the skin. Percussion is dull over the upper sternum, without prominence or pulsation. The radials are synchronous and equal in volume; the pupils are equal; there is no tracheal tug. Thoracic and abdominal exploration is otherwise negative. So also the urine. The axillary and inguinal glands are not enlarged.

Hb. 70%, reds $4\frac{1}{2}$ million, whites 22,300.

A differential count of 500 white cells shows Polymorphonuclear 34%; Lymphocytes 65.2%; Myelocytes and Eosinophiles, each .4%

Diagnosis? Prognosis? Treatment?

CASE 2. — A married lady, childless, 55 years old, of good family history, is seen in February, 1900. She passed the menopause without difficulty and several years ago had cystitis, with good recovery. During the winter of 1899 she travelled in North Africa, going to Germany toward spring. There her appetite became capricious and she suffered from slight nausea occasionally, without vomiting. She then had an attack of "grippe" which much impaired her strength. In the early summer she returned home, when her appetite and digestion improved much and her strength returned in great measure, though her friends remarked that she was distinctly paler than formerly. She considered herself well enough until five months ago when she began to suffer from sciatica, at first and more severely in the right side, but later also in the left. About a month later her appetite failed again and more or less constant nausea came on with occasional vomiting, the latter without relief or definite relation to either the time of taking food or its quality. Then came on very troublesome salivation, leading her constantly to spit up a clear, somewhat frothy, fluid which is sometimes poured out in such quantity as to run from her mouth. This persists to the present time. The sciatic pain now has practically disappeared. She has kept her bed for some weeks, losing flesh though she is still stout, but sleeping well. Of late there has been slight bleeding from the gums, but no other hemorrhage has been noted.

Pulse 96, regular, soft; temperature 99, above which point it is said not to have risen. Except for marked pallor physical examination is negative. The urine is negative and contains no arsenic. Several examinations of the gastric contents show neither free HCl nor lactic acid.

An examination of blood slides shows: red cells 3,000,000 or thereabouts, white 15,000, Hb. relatively low.

Reds	{	rouleaux well formed.
		deformities slight.
		no polychromatophilia.
		average diameter normal
		1 normoblast.
Whites	{	polymorphonuclear 80%.
		lymphocytes 20%.
		eosinophiles 0%.

Diagnosis? Prognosis? Treatment?

CASE 3. — A manufacturer of 54, of good inheritance and habits, is seen in October, 1898. In childhood he was laid up for a time with what he

thinks was rheumatism and he has since had pains now and then, not laying him up, attributed by him to rheumatism. He has been a very active man and has ridden a wheel. Ten years ago he fell on the ice while skating, striking the back of his head. He was unconscious for a week or two and in bed eleven weeks; but full recovery followed. For the past year he has been less well and strong. Last winter he went to Bermuda, gaining in every way and 13 lbs. in weight. Five weeks ago he drove a pair of pulling horses over forty miles. The next day he had severe pain in his arms and this has since been his main complaint. The pain extends from the shoulders to the wrists, is worse at night, and often requires morphia to secure sleep. Pain and a burning sensation in the fingers comes on suddenly at times, waxes and wanes. He has kept the bed for about four weeks, sending for his doctor first three weeks ago. He has lost some flesh. The bowels are constipated. Of late there has been some general abdominal colicky pain, not attributable to laxatives. Fever has been absent. There is no cough or praeordial pain; he lies indifferently on either side with the head low. He is rather pale, with slight icteric hue of the conjunctivae. The pulse is and has been regular, of fair strength and rather low tension, 96. The tongue is clear and moist, the gums and teeth in good condition.

Tactile sensibility is perfect. There is weakness in the arms and hands, especially in the extensor muscles. This weakness has increased notably in the past week. He can button his undershirt and pick up a pin from a smooth surface, though with difficulty. There is no distortion of the finger joints.

The cardiac impulse is in the fifth space and to the left of the mammary line. Percussion corresponds with palpation and shows slight extension of dulness on the right of the sternum. In both the mitral and aortic areas soft systolic murmurs are to be heard, one transmitted into the axilla, the other into the neck. The second sounds are clear, the pulmonary slightly accentuated. Visceral examination is otherwise negative. Oedema is absent. The knee-jerks are obtained, though with difficulty. The urine, 44 ounces in 24 hours, contains neither sugar nor albumin.

Diagnosis? Prognosis? Treatment?

CLINICAL SURGERY.—Professor C. B. PORTER.

CASE 1.—J. W.; male; married; 31 years old.

Family history showed nothing of importance.

Personal History. As a child he had the ordinary children's diseases and was always considered an average healthy boy. A very significant fact is, however, that six years ago he was operated upon for a very extensive tubercular abscess in the sheath of the rectus muscle. On entering the hospital he was very much run down in health and weighed about 110 pounds. He says that on leaving his weight has risen to 168 pounds. He considers that after the operation he completely regained his usual health and was able to do active work. He has never had persistent cough or other symptoms pointing towards pulmonary complications. He denies venereal diseases. His habits are good. He uses alcohol in moderation and tobacco in moderate excess. Since the operation for tubercular abscess he has married and become the father of a healthy child. His work has always been confining and necessitated an indoor

life. Of late years he has had to work very hard and worried a great deal about earning his living.

Present Illness. Six months ago he noticed that his left testicle was somewhat swollen and tender and the spermatic cord enlarged. This was of very gradual onset and increased slowly. Two months later the tenderness had almost disappeared, but the swelling persisted. He noticed for the first time a definite lump at the bottom of the left testicle which was hard, not tender and grew rapidly. About three months later or five weeks before entrance, the skin over this area became reddened, the tissues beneath became softened and gradually a "boil" or "pimple" formed which was very tender and occasioned a good deal of suffering. Five days before entrance this burst and there followed a copious discharge of thin pus which has continued moderately ever since. He has had no urinary symptoms of consequence.

Physical Examination. Fairly well developed, but poorly nourished. Pale, sallow complexion, hollow cheeks and of phthisical appearance. Examination of the heart and lungs reveals no pathological condition. Just above the umbilicus is an extensive cross-shaped cicatrix. The right testicle and cord are normal. Near the median raphe, apparently lying between the two testicles, but in reality involving only the left, is a hard, indurated mass, immovable, not tender, except on extreme pressure, as large as an English walnut. More careful examination shows that the testicle and globus major of the epididymis are normal to the touch, but the globus minor is hard and swollen and forms the nucleus of the induration. At its most dependent point is a small sinus lined with pale granulations admitting the probe for an eighth of an inch and discharging a moderately thin pus. The right cord is normal. No glands are palpable in the groin. Rectal examination shows the prostate to be somewhat enlarged and hard, but not nodular or tender. The seminal vesicles are palpable, but apparently normal. Examination of the urine shows no indications of tubercular lesions of the kidneys or bladder. No tubercle bacilli could be discovered in the sediment.

What is probably the lesion present?

What is the treatment you advise?

Give your reasons.

What is the prognosis?

CASE 2. — D. C. : male ; 28 years old.

Family history shows that the patient's father had died of kidney trouble, otherwise negative.

Personal history was as follows : Gonorrhoea nine years ago, and again five years since. Has been treated for stricture for three years.

Present Illness. One year ago had severe pain in the left flank, did not radiate down the thigh. Urine not bloody. Pain lasted three weeks, vomited a few times during the illness. About nine months ago when urinating the stream suddenly stopped involuntarily. In a few seconds the urine appeared again and micturition was completed without further incident. Since then attacks have increased in frequency until the stream was broken once or twice with every passage of urine. Toward the end of micturition water dribbled out in drops and the patient had to strain hard to empty the bladder. Patient has noticed the urine bloody many times, especially after any unusual exertion. Could not ride in a carriage if there was any jolting owing to the intense pain over the pubes and throughout the perinaeum. Appetite was good, slept well, except that he

had to get up five or six times during the night to urinate. During the day he passed water every two or three hours.

Without further information concerning this case, what is your diagnosis?

Give your reasons.

What would be your treatment?

What is your prognosis?

CASE 3. — Mrs. A. H.; 42 years old; married, and the mother of five living children. In her last pregnancy she miscarried at 3½ months.

Present Illness. In the early morning patient felt a sudden severe pain in the right iliac region so that she had to lie down on a couch where she remained till she went to bed about six o'clock the same evening. She grew rapidly worse, slept none that night on account of pain which was more severe whenever she moved and now for the first time she noticed a small lump in the lower right quadrant of the abdomen. The doctor was called the next day and by means of enemata gave great relief of the distress she suffered from gas in the intestines. She vomited several times during the day. Morphine injected in her arm and hot water bottles applied to the seat of pain, relieved her somewhat. The vomiting and pain continued more or less until she entered the hospital two weeks after her first illness. The constipation which had troubled her for nearly a month was relieved by enemata, and a thick discharge from the vagina by sulpho-naphthol douches. At the hospital her heart and lungs were found to be in good condition. A distinct lump was felt in the right lower quadrant of the abdomen. A rectal examination disclosed marked tenderness on the right side, also a mass and tenderness in the posterior cul-de-sac and to the right of the uterus which was apparently connected with the lump felt externally by palpation. Her pain lessened a good deal and she rested more comfortably than before entrance to the hospital. Her treatment consisted of a liquid diet, daily enema and douches and $\frac{1}{30}$ gr. strychnia every four hours. Her temperature varied from 99.5° to 102.6°. Her pulse from 100 to 128, and the white count of her blood from 13,000 to 21,800. Her urine was somewhat cloudy, sugar absent, and a very slight trace of albumin present. Microscopic examination of the sediment showed the presence of a large amount of amorphous urates, a little normal blood and some squamous cells.

From the history given what conditions must be considered?

What is the most probable diagnosis?

What treatment do you recommend?

What complications may be found?

What is the prognosis with treatment?

What is the prognosis without treatment?

ORTHOPEDIC SURGERY. — Asst. Professor BRADFORD.

1. What are the so-called rachitic deformities?
2. What is hip disease?
3. What is caries of the spine?
4. What are the diseases which are liable to be confounded with hip disease?
5. What is club foot?

6. What are the parts of the foot abnormally changed in club foot?
7. Describe the differences between lateral curvature of the spine and other affections of the spine.
8. What is a weak foot?
9. Describe a flat foot.
10. Mention the affections of the nervous system which cause common deformities.

SYPHILIS. — Dr. Post.

1. State the difference between the primary lesion of syphilis and the chancre as regards auto-inoculation.
2. What is the value of excision of the primary lesion in preventing constitutional infection?
3. How will you distinguish a syphilitic macular eruption from the eruption that sometimes follows the administration of copaiba?
4. A healthy pregnant woman is inoculated with syphilis. What will be the condition of the child?
5. How should the woman mentioned in question 4 be treated?

OPHTHALMOLOGY. — Professor WADSWORTH.

1. What is the function of the iris?
2. Diagnosis and treatment of diphtheritic conjunctivitis.
3. Differential diagnosis of catarrhal conjunctivitis and iritis.
4. Diagnosis and treatment of ulcer of the cornea.
5. Differential diagnosis of convergent squint and paralysis of the abducens.
6. Define astigmatism.

OTOLOGY. — Professors BLAKE and J. O. GREEN.

1. Describe the processus cochleariformis.
2. Give the relation of the antrum to (a) the middle ear; (b) the mastoid; (c) the facial nerve.
3. Describe briefly the course of a sound wave from the external auditory meatus to the auditory nerve terminations in the labyrinth.
4. Describe the semi-circular canals.
5. Etiology of chronic middle ear catarrh.
6. What is exploratory tympanotomy?
7. Pathology, only, of chronic suppuration of the middle ear.
8. Name the otitic intracranial diseases.

LARYNGOLOGY. — Dr. FARLOW.

1. Where do the accessory cavities empty into the nose? In what ways can the *antral* origin of pus in the nose be demonstrated?
2. Ulcerations of the nose: Usual nature, seat, treatment.

3. Etiology, symptoms, and appearances of retro-pharyngeal abscess in children.

4. Draw a large diagram of the fauces, as seen from the front, showing the relations of the uvula, pillars of the palate, tonsils, supra-tonsillar fossa, and tonsillar fold.

5. What laryngeal appearances would lead you to suspect aneurism?

6. A woman, 30 years of age, has been quite husky for several weeks. Her general health is only fair. She says there is no pain and not much cough. The lungs have not been examined for several years. The nose is rather atrophic and the palate is very pale. The epiglottis is somewhat congested. The aryepiglottic folds are enlarged and greyish in color. The interarytenoid tissue is thickened, and this, together with the infiltration around the arytenoids, prevents a perfect closure of the cords in phonation. The cords are slightly reddened and the left false cord partially conceals the true cord.

Differential diagnosis. Treatment.

LEGAL MEDICINE. — Professor DRAPER.

1. What is the ordinary rate of cooling of a dead human body, expressed in degrees Fahrenheit; and what conditions favor rapid cooling?

2. Describe the changes which the funis undergoes in the new-born child under normal conditions.

3. Describe the differences which distinguish the adult male pelvis from the adult female pelvis.

4. Describe the punctate sub-pleural ecchymoses of suffocation and explain their etiology.

5. Make a formal report of an autopsy for medico-legal purposes, in a case of homicide by a punctured wound of the abdomen.

HYGIENE. — Asst. Professor HARRINGTON.

1. Mention the chief symptoms of two types of meat poisoning. What inferences may be drawn from the length of time between ingestion and onset?

2. Compare the air of a properly constructed sewer with that of fairly well ventilated dwellings. Discuss the importance of "sewer gas" in its effects on health.

3. A sudden increase in the prevalence of typhoid fever is observed in a city of 200,000 inhabitants and it is noted that the increase is largely, but by no means wholly, in one of the outlying residential districts. To what different possible causes would you direct attention, and, pending investigation thereof, what precautionary measures would you advise?

4. To what extent and by what method or methods would you advise the disinfection of a dwelling in which a series of cases of diphtheria had occurred, the rooms in which the patients were treated having been shut off as far as practicable and in the usual way from the rest of the house?

5. Sanitary value of the different types of domestic filters. In the chemical purification of water by means of alum, to what extent are bacteria removed?

6. How are death-rates and marriage-rates calculated and expressed?

Of two occupations carried on indoors, not involving exposure to unusually foul air or to poisonous or irritating gases or dusts, and entered upon by men of the same age periods, it is noticed that the average age at death of those who follow the one is, year after year, considerably below that of the decedents of the other. Discuss the propriety of classing therefore the one occupation as necessarily more dangerous to health than the other.

Electives.

ANATOMY. — Professor DWIGHT.

[Answer only two of the following questions.]

Describe the structure and their relations seen in a dissection of :—

1. Under surface of diaphragm.
2. Parotid gland.
3. Scarpa's triangle.

PHYSIOLOGY. — Professor W. T. PORTER.

Write in a manner suitable for publication an account of the previous work in the subject of your research, a criticism of your method of investigation, and a statement of your results.

BACTERIOLOGY. — Professor ERNST.

1. Describe the lesions produced by the Anthrax Bacillus in man, and the cultural peculiarities of the bacillus in the ordinary nutrient media.
2. Given a specimen of sputum suspected of coming from a case of pulmonary tuberculosis, how would you proceed to the diagnosis?
3. Give the different steps in the bacteriological diagnosis of Gonorrhoea.
4. What is the "Widal reaction," and how is it used?

PHYSIOLOGICAL CHEMISTRY. — Asst. Professor PFAFF.

State the process of digestion in the intestines. How are the products of digestion absorbed and what is their fate after absorption?

COMPARATIVE ETIOLOGY OF INFECTIOUS DISEASES.

Professor SMITH.

[Answer three questions only.]

1. State what is meant by an infectious disease and discuss the differences in the life-cycle of tape-worms, trichinae, malarial parasites and bacteria.
2. Explain by illustrations the significance of varieties among pathogenic bacteria, their probable origin and the occurrence of different types of disease due to them.

3. Define the terms alexin, complement, immune body, cytotoxin.
4. Explain how it is possible to produce anæmia in one animal with the otherwise harmless blood serum of another.
5. Describe the preparation of animal vaccine, its probable relation to small pox virus, and its effect upon the human subject.

CLINICAL MICROSCOPY.—Dr. WHITNEY.

1. What tumors are there of vascular origin? Describe the gross and microscopic appearances.
2. What are some of the most common cysts? Describe the characteristics of their fluids.
3. The differential diagnosis of a proliferating cysto-adenoma and an adeno-carcinoma of the breast.
4. Description and diagnosis of a specimen.

CLINICAL CHEMISTRY.—Professor WOOD.

A. URINE.

1. Character of the urine and sediment in a case of advanced chronic interstitial nephritis?
2. Character of the urine and sediment in a case of tuberculosis of the bladder?
3. Discuss the following specimens, giving reasons for the inferences that may be drawn from them:—

CASE A. A. J. M. XXXIII. 114.

Pale. Acid. Sp. Gr. = 1011. Slight sediment.

Uph. = —.	$\bar{U}^+ = 0.88\%$.	Cl. = 0.279 %.	E. P. = —.
Ind. = sl. +.	$\bar{U} = 0.058\%$.	Sf. = n.	A. P. = —.

Slightest possible trace of albumin. No bile or sugar.

Sediment = An occasional hyaline and finely-granular cast with an occasional renal cell and oil globule adherent. Rarely a free renal cell. Excess of leucocytes and cells from the prostatic region and an occasional blood globule.

Amount of urine	in 24 hours =	Day = 1010	} 1800 cc.
		Night = 790	
“ “ urea	“ “ “	= 15.84 grms.	
“ “ uric acid	“ “ “	= 1.04 “	
“ “ chlorine	“ “ “	= 5.02 “	
“ “ phosphoric acid	“ “ “	= 1.26 “	

4. CASE B. Mrs. H. E. Dr. S. W. T. XXXII. 335.

Normal. Acid. Sp. Gr. = 1012. Slight sediment.

Uph. = —.	$\bar{U}^+ = 1.01\%$.	Cl. = 0.37 %.	E. P. = —.
Ind. = m +.	$\bar{U} = 0.06\%$.	Sf. = n.	A. P. = —.

Slightest possible trace of albumin. No bile or sugar.

Sediment = An occasional hyaline and finely-granular cast, rarely with a blood and oil globule and renal cell adherent. An occasional free renal cell and blood globule.

Amount of urine	in 24 hours = 1500 cc.
“ “ urea	“ “ “ = 15.15 grms.
“ “ uric acid	“ “ “ = 0.90 “
“ “ chlorine	“ “ “ = 5.55 “
“ “ phosphoric acid	“ “ “ = 1.59 “

B. URINE, HAEMATOLOGY, AND GASTRIC CONTENTS.

1. Character of the urine in a case of cystitis following hypertrophy of the prostate?

2. Discuss the following specimen, giving reasons for the inferences which may be drawn from it:—

CASE B.

Normal. Acid. Sp. Gr. = 1012. Slight sediment.

Uph. = —. $\bar{U}$. = 1.01%. Cl. = 0.37%. E. P. = —.

Ind. = m +. $\bar{U}$. = 0.06%. Sf. = n. A. P. = —.

Slightest possible trace of albumin. No bile or surgar.

Sediment = An occasional hyaline and finely-granular cast, rarely with a blood and oil globule and renal cell adherent. An occasional free renal cell and blood globule.

Amount of urine	in 24 hours = 1500 cc.
“ “ urea	“ “ “ = 15.15 grms.
“ “ uric acid	“ “ “ = 0.90 “
“ “ chlorine	“ “ “ = 5.55 “
“ “ phosphoric acid	“ “ “ = 1.59 “

3. What are the signs present in a stained specimen of blood which are indicative of anaemia? Of pernicious anaemia?

4. How do you distinguish the several varieties of leucocytosis in a blood examination?

5 Name the acid constituents of the gastric contents which make the total acidity.

C. TOXICOLOGY.

1. Describe the process for the isolation and detection of strychnine in an organized mixture.

2. How detect a dried blood stain?

3. How detect a dried seminal stain?

OPERATIVE SURGERY.—Professor C. B. PORTER.

1. Describe the ligature of the common carotid artery.

2. The brachial at bend of elbow.

3. The ulnar high.

4. The femoral at point of election.

5. The posterior tibial low.

6. Excision of the shoulder joint.

7. Amputation of arm by circular method.

8. Lisfranc's amputation of foot.

9. Amputation of penis.

ORTHOPEDIC SURGERY. — Asst. Professor BRADFORD.

1. Upon what physical signs can a diagnosis of tubercular disease of the hip joint be made?
2. How is a diagnosis of congenital dislocation of the hip to be made?
3. Give the characteristic symptoms of cervical and lumbar Pott's disease.
4. Mention the different surgical measures which can be employed in the treatment of the deformities and disabilities following anterior poliomyelitis.
5. What are the anatomical changes found in pronounced knock-knee?
6. Describe McEwen's operation for knock-knee.
7. Describe the most convenient apparatus to be used in the convalescent stage of hip disease.
8. Describe the most convenient apparatus for the convalescent stage of tubercular disease of the knee.
9. Describe the best retentive appliance for club foot.
10. What pathological changes are found in scoliosis?

OPERATIVE OBSTETRICS. — Asst. Professor C. M. GREEN.

[The questions must be answered in the order printed. In marking the books the examiner will be guided by the quality of the work done, rather than by the number of questions answered.]

1. A multipara, after two hours of second-stage labor, has brought the foetal presenting part to the pelvic floor, when the pains become ineffectual, and operative assistance is indicated. The position of the foetus is S.L.A.; its heart sounds are normal. Describe concisely the operation by which you would deliver.
2. A multipara, seen in consultation after four hours of second-stage labor, is found to have brought the foetal head below the pelvic brim; but there has been no progress for two hours. The mother is exhausted, and delivery is indicated. The foetal heart is audible; the position is M.D.P. Outline the operation by which you would deliver.
3. A primigravida in the eighth month has been under observation and treatment for two weeks with symptoms of threatening eclampsia. After a sharp attack of epigastric pain she has a convulsion; and it is decided on consultation to deliver. Pelvimetry shows a normal pelvis. External examination reveals an average sized foetus with audible heart sounds, the head presenting, O.L.A., and freely movable above the brim. There are no signs of labor. Describe concisely the operation by which you would deliver.
4. A multigravida, seen for the first time one week before the expected date of her third labor, gives this history: her first child, which weighed seven pounds, was delivered with high forceps, and sustained fatal cranial injuries; the second, weighing seven and one-half pounds, was still-born after internal podalic version. The woman is in good general health and is well nourished. Pelvimetry shows a justo minor pelvis with a true conjugate of three inches. The foetus, which is estimated by palpation

to be above average size, lies obliquely, and the head occupies the left iliac fossa. Give your treatment of the case, and outline the technique of any operation you may perform.

GYNAECOLOGY. — Asst. Professor C. M. GREEN.

[As far as possible, illustrate your work with diagrams.]

1. Lay out the instruments for, and give the technique of, curettage for hyperplastic endometritis.
2. How would you decide whether any given case of carcinoma uteri is operable or inoperable? Give the treatment of an inoperable case.
3. Give the technique of colpo-perineorrhaphy by Hegar's method.
4. Assuming that no haste is necessary, describe how a patient should be prepared for an abdominal operation.
5. Give the technique of bilateral salpingo-oöphorectomy.
6. Describe two methods of closing a median abdominal incision.

DERMATOLOGY. — Dr. BOWEN.

It is to be assumed that any symptoms, appearances, or other facts connected with the case that are not mentioned, are wanting. The *differential* diagnosis, prognosis and treatment are required in all the cases, and an intelligent discussion will count more than a correct diagnosis. Prescriptions should be written out in full.

CASE 1. — A lad of 12, a school boy in a small country town, comes to the hospital in the month of June. According to his account the eruption began on the hands five days ago, spreading rapidly to the face. His whole face is greatly swollen and the eyelids are partially closed from the intense oedema. There is a very marked erythema of the whole face extending to the neck and scalp, where the erythema gradually fades, without a sharp line of demarcation. Upon the erythematous and oedematous skin are numerous small vesicles, many of which have become ruptured, leaving an oozing surface, and in some places crusts. There is marked erythema and oedema of both hands extending half way up the forearm where the eruption gradually fades, without a sharp boundary. There are very numerous small pin head sized vesicles over the hands, especially upon the inner aspects of the fingers, and here as on the face many of the vesicles have become broken, leaving an oozing surface. The rest of the body is free with the exception of the penis, which is reddened and oedematous so that the prepuce cannot be retracted. There is intense itching and burning. Temp. 99°. Great discomfort, but no pronounced constitutional symptoms. No medicaments have been used externally or taken internally. Previous health good; no preceding cutaneous affection.

CASE 2. — A girl, well nourished, five years of age, presents three patches upon the scalp from which the hair in great part has fallen. Two of these areas are situated near the crown of the head, and measure roughly an inch in diameter, the third is situated on the side of the head, just above the right ear, and measures about a half inch in diameter. The history given is that they appeared as quite small areas two weeks previously and have been constantly increasing in size. The areas are of a circular form and upon close examination it is seen that scattered over

the surface are a few short stumps. There are no lanugo hairs. There is a fine branny scaling over the patches and the empty follicles are prominent. No other member of the family has been affected. There are no abnormal appearances on other parts of the skin, and there has been no treatment.

CASE 3. — A woman of 37 applies for advice on account of a lesion of the face. Upon examination a reddened area is seen upon the right ala of the nose, which crosses the bridge of the nose and extends somewhat upon the left ala. According to her story this lesion was first noticed on the right ala as a spot not larger than a large pea, about $1\frac{1}{2}$ years ago and has slowly increased in size. The patch is rather irregular in shape, measuring $1\frac{1}{2}$ inches in its long diameter, and $\frac{3}{4}$ of an inch on the average from above downward. There is very little infiltration, but the surface is scaling, especially in the central portions where there are signs of superficial atrophy. The edges are slightly raised and very sharply defined. The color of the patch as a whole is a bright red. There is considerable burning experienced, especially when the patient is flushed. There have been during the last five years several smaller patches over the nose and cheeks, which she considers of a similar nature, that have disappeared without treatment in the course of a few months. No enlarged lymphatic glands can be detected and the patient looks and believes herself to be extremely healthy. No treatment except applications of a soothing nature has been employed.

CASE 4. — A strong, robust-looking man of 27. Occupation, the care of cattle on an Atlantic cattle-ship. He presents on the back of the right hand a lesion elevated $\frac{1}{4}$ inch above the surface of the skin, and nearly 2 inches in every diameter. The surface is of a markedly warty character, while from between the papillary elevations several drops of pus can be squeezed by moderate pressure. Mingled with the warty elevations are numerous crusts. This patch of warty and crusted nature is sharply bounded from the sound skin, and surrounded by a bright red halo, or outer zone. Beneath the verrucous masses, a deep, dull red infiltration of the lower layers of the skin is seen, which has a soft, boggy feel upon palpation. The verrucous character is not uniform over the whole surface of the patch, for in several small areas that feature has disappeared and a distinct atrophy is to be seen. The lymphatic glands are not enlarged. The lesion was first observed a year ago, and has steadily increased in size. He denies any previous cutaneous trouble, and there are no other lesions upon the body. There has been no treatment.

CASE 5. — A woman of 25, well nourished, with dark hair and eyes. The present eruption, the first cutaneous affection that she has ever had, began upon the arms two weeks ago, rapidly spreading, until now it occupies a large portion of the body. It is evident that the essential lesions are papules, which change only by their increase in size and by their coalescence. There are no lesions upon the head. The flexor surfaces of both upper and lower extremities are more affected than the extensors, and there are numerous lesions upon the trunk. The papules vary in size. Many are very small, not larger than a pin's head; others are as large as a pea. The color is a dull red, and upon palpation they are found to be quite firm. The base of the papule is not rounded, but polygonal in shape, the surface is flat and smooth, not conical, and has a distinctly glistening appearance. Many of the larger papules are depressed

in the centre. In places, especially upon the trunk, large areas, somewhat scaling, have been formed by the coalescence of the papules. There is considerable pruritus.

NEUROLOGY. — Dr. WALTON.

1. Exophthalmic Goitre.
2. Effects of lead poisoning upon the nervous system. Diagnosis.
3. Facial paralysis, cortical, bulbar, and peripheral.
4. Multiple Sclerosis.
5. Field of vision in lesion of left cuneus; would you expect the pupil reflex to be altered by this lesion?
6. What columns of the cord are most affected in pernicious anaemia and allied conditions? What can you say of the arterial supply of these regions?
7. Diagnostic significance of headache.
8. Sciatica, diagnosis and treatment.

OTOLOGY. — Professors BLAKE and J. O. GREEN.

1. What is the petro-squamosal suture, and what is its importance in disease of the middle ear?
2. Where is Shrapnell's membrane? What is the significance of an open perforation there?
3. By what means is the air supply in the middle ear renewed?
4. In what manner does contraction of the tensor tympani muscle affect the membrane of Shrapnell?
5. In the course of an acute suppuration of the tympanum what symptoms, subjective and objective, would lead you to advise an antrum operation?
6. The diagnosis and treatment of serous effusions in the tympanum.
7. Prognosis as to hearing in acute suppurative middle ear trouble under treatment.
8. Describe in detail the method of passing the Eustachian catheter.

HYGIENE. — Asst. Professor HARRINGTON.

1. Give in detail the process for the quantitative determination of boric acid and borax in meat and other foods.
2. Describe the qualitative tests for sulphites and salicylic acid in foods.
3. Quantitative determination of nitrites in water.
4. Quantitative determination of carbon monoxide in air.

STUDENTS.

COURSES FOR GRADUATES.

1900-01.*

Blair, James Franklin, M.D. (<i>Univ. of Vermont</i>) 1892,	<i>Bridgewater.</i>
Buffum, Herbert Edwin, M.D. 1897,	<i>Somerville.</i>
Clark, Arthur Ulysses Franklin, M.D. (<i>Jefferson Med. Coll.</i>) 1896,	<i>Wilmington.</i>
Dennett, Charles Augustus, M.D. (<i>Med. School of Maine</i>) 1888,	<i>Arlington.</i>
Hartsock, Frederick, M.D. (<i>Columbian Univ.</i>) 1897,	<i>Fort Warren.</i>
Jones, James Arthur, M.D. (<i>Boston Univ.</i>) 1900,	<i>Lancaster.</i>
Keir, Erskine Johnston, M.D. (<i>McGill Univ.</i>) 1891,	<i>E. Boston.</i>
Kennedy, Harris, A.B. 1894, M.D. 1898,	<i>Readville.</i>
Morse, George Byron, Jr., M.D. (<i>Univ. of Penn- sylvania</i>) 1882, PH.D. (<i>ibid.</i>) 1882, v.s. (<i>New York Coll. Vet. Surg.</i>) 1899,	<i>Cambridge.</i>
Mosher, Mary Edna, M.D. (<i>Boston Univ.</i>) 1887,	<i>Boston.</i>
Perkins, Thomas Tounge, M.D. (<i>Boston Univ.</i>) 1898,	<i>Cliftondale.</i>
Petersen, Peter Karl Hugo, M.D. (<i>Munich</i>) 1898,	<i>Prussia.</i>
Sharp, Walter Nevin, M.D. (<i>Univ. of Vermont</i>) 1885,	<i>Saxonville.</i>
Strong, Lawrence Watson, A.B. 1892, M.D. 1896,	<i>Brookline.</i>
Wales, Ernest de Wolfe, B.S. 1896, M.D. 1899,	<i>Boston.</i>
Watters, William Henry, A.B. (<i>McGill Univ.</i>) 1897, M.D. (<i>Boston Univ.</i>) 1900,	<i>Lynn.</i>
Worcester, John Fonerden, M.D. (<i>Boston Univ.</i>) 1888,	<i>Dorchester.</i>

1901 - 02.

Bailey, Walter Channing, A.B. 1894, M.D. 1898,	<i>Boston.</i>
Brady, James Francis, M.D. 1901,	<i>Canning, N.S.</i>
Bryant, Giles Waite, M.D. (<i>Dartmouth Med. Coll.</i>) 1882,	<i>Somerville.</i>

* Entering after the issue of the Catalogue of 1900-01.

Buck, Howard Mendenhall, M.D. 1882,	<i>Boston.</i>
Gonzales-Fabela, Octaviano, (<i>Medico Cirujano de la Escuela de Medicina de Mexico</i>) 1895,	<i>Mexico.</i>
Holcombe, Charles Henry, M.D. 1886,	<i>Brookline, N.H.</i>
Holland, Hubert Thomas, M.D. 1896,	<i>Jamaica Plain.</i>
Nelson, David, M.D. (<i>Dartmouth Med. Coll.</i>) 1901,	<i>Charlottetown, P.E.I.</i>
Pinkham, Edward Warwick, A.B. 1892, M.D. 1896,	<i>Lynn.</i>
Shead, Edward Wadsworth, M.D. 1901,	<i>Eastport, Me.</i>

FOURTH CLASS.

Allendorff, John Aloysius,	<i>Charlestown.</i>
Andrews, John Henry, A.B. (<i>Boston Univ.</i>) 1898,	<i>Lynn.</i>
Bain, John Baxter,	<i>Lawrence.</i>
Baker, George Lorimer,	<i>Dorchester.</i>
Barnes, Allan Foster, A.B. 1898,	<i>Cambridge.</i>
Barrows, Albert Armington, PH.B. (<i>Brown Univ.</i>) 1898,	<i>Providence, R.I.</i>
Bartlett, Walter Oscar,	<i>Natick.</i>
Belding, John Eastman, PH.B. (<i>Yale Univ.</i>) 1895,	<i>Springfield.</i>
Belknap, James Lyman, S.B. (<i>Dartmouth Coll.</i>) 1898,	<i>Andover.</i>
Bellamy, William Woolsey,	<i>Dorchester.</i>
Benner, Richard Stanwood, A.B. 1899,	<i>Waldoboro, Me.</i>
Bowditch, Henry Ingersoll, A.B. 1898,	<i>Albany, N.Y.</i>
Bradley, Charles Henderson,	<i>Newton.</i>
Buckley, William Stephen,	<i>Newburyport.</i>
Bufford, John Henry,	<i>Dorchester.</i>
Buffum, William Henry, A.B. (<i>Brown Univ.</i>) 1898,	<i>Providence, R.I.</i>
Bulkeley, Frank Stedman,	<i>Ayer.</i>
Campbell, Franklin Edward,	<i>Manchester, N.H.</i>
Clapp, Arthur Martin, A.B. (<i>Amherst Coll.</i>) 1898,	<i>Northampton.</i>
Closson, Leon Monroe, A.B. 1897,	<i>Los Angeles, Cal.</i>
Cragin, Donald Brett,	<i>Farmington, Me.</i>
Crocker, Louis Allen, PH.B. (<i>Brown Univ.</i>) 1898,	<i>Brewster.</i>
Dennen, Joseph Horace, M.D.V. 1898,	<i>Pepperell.</i>
Dennett, Roger Herbert, S.B. (<i>St. Lawrence Univ.</i>) 1898,	<i>Brookline.</i>
DeNormandie, Robert Laurent, A.B. 1898,	<i>Roxbury.</i>
Donaldson, James Frank, A.B. (<i>Tufts Coll.</i>) 1898,	<i>Salem.</i>
Doray, Frank Leslie,	<i>Worcester.</i>
Dore, Francis James, A.B. (<i>Boston Coll.</i>) 1898,	<i>Roxbury.</i>
Ellis, Robert Hale,	<i>Braintree.</i>
Emmons, Arthur Brewster, A.B. 1898,	<i>Boston.</i>

Evans, Miner Harlow Amos, Jr.	<i>So. Boston.</i>
Feiss, Henry Otto, A.B. 1898,	<i>Cleveland, O.</i>
Feldstein, Samuel,	<i>Uniontown, Pa.</i>
Ferguson, John Burnham, A.B. (<i>Brown Univ.</i>) 1898,	<i>Providence, R.I.</i>
Furrer, Arnold Frotcham,	<i>Jamaica Plain.</i>
Gardner, Archibald Robert,	<i>Lowell.</i>
Garland, Frederick Eugene, A.B. 1898,	<i>Gardner.</i>
Gay, Fritz Walter, A.B. 1898,	<i>Malden.</i>
George, Frank William,	<i>Bristol, N.H.</i>
Goodall, Harry Winfred, A.B. (<i>Dartmouth Coll.</i>) 1898,	<i>Exeter, N.H.</i>
Goodridge, Frederick James, A.B. 1898,	<i>Cambridge.</i>
Granger, Frank Butler, A.B. 1899,	<i>Randolph.</i>
Greenwood, Arthur Moses, A.B. (<i>Brown Univ.</i>) 1898,	<i>Ashburnham.</i>
Gushee, Edward Stockbridge, A.B. (<i>Brown Univ.</i>) 1898,	<i>Cambridge.</i>
Hamilton, Robert De Lancey, A.B. (<i>Yale Univ.</i>) 1897,	<i>Newburyport.</i>
Hammond, Roland, A.B. (<i>Tufts Coll.</i>) 1898,	<i>Bellingham.</i>
Hathaway, George Stimpson,	<i>Boston.</i>
Hearn, Walter Lawrence,	<i>Lynn.</i>
Heffernan, David Aloysius,	<i>Dorchester.</i>
Henderson, Lawrence Joseph, A.B. 1898,	<i>Salem.</i>
Hoag, Louis,	<i>Dorchester.</i>
Hodges, Stoughton Fletcher,	<i>Indianapolis, Ind.</i>
Hoey, Warren Henry,	<i>Milford.</i>
Hollister, Robert Russell, A.B. 1897,	<i>Fair Haven, Vt.</i>
Hooker, Stuart Van Rensselaer, A.B. (<i>Rollins Coll.</i>) 1893,	<i>Marshfield.</i>
Hunt, Ernest Leroi,	<i>No. Abington.</i>
Irving, John James,	<i>Gloucester.</i>
Johnson, Erik St. John, A.B. 1898,	<i>Weymouth.</i>
Keene, Charles Herbert, A.B. 1898,	<i>Allston.</i>
Kent, Bradford,	<i>Dorchester.</i>
Kilbourn, Arthur Goss, A.B. 1899,	<i>So. Lancaster.</i>
Knowles, Robert Keneborough Black, A.B. (<i>Acadia Coll.</i>) 1897,	<i>Liverpool, N.S.</i>
Lang, Herbert Bowman, A.B. (<i>Brown Univ.</i>) 1896,	<i>Cambridge.</i>
Lilley, Albert Henry,	<i>New Bedford.</i>
Little, George Thomas,	<i>Groton.</i>
Lynch, Cornelius Joseph, A.B. (<i>Holy Cross Coll.</i>) 1898,	<i>Milford.</i>

MacCormick, John Allan,	<i>Lake Ainslie, N.S.</i>
MacLachlan, Robert Fulton,	<i>Boston.</i>
McPherson, Ross, A.B. 1898,	<i>Cambridge.</i>
Mills, Lloyd Hunter,	<i>No. Haven, Me.</i>
Mitchell, John Joseph,	<i>Charlestown.</i>
Moore, George Colton, A.B. (<i>Yale Univ.</i>) 1898,	<i>E. Hartland, Conn.</i>
Murphy, Arthur Sterling,	<i>Boston.</i>
Murphy, Patrick William, A.B. (<i>Boston Coll.</i>)	
1898,	<i>Canton.</i>
Myer, James Walter,	<i>New York, N. Y.</i>
Myers, Samuel William,	<i>Boston.</i>
Neilson, John Land,	<i>Brookline.</i>
Nelligan, John Patrick,	<i>No. Cambridge.</i>
Nute, Albert James, PH.G. (<i>Univ. of Maine</i>) 1897,	
S.B. 1899,	<i>Winthrop.</i>
O'Brien, Charles Thomas, A.B. (<i>Boston Coll.</i>) 1898,	<i>Woburn.</i>
Palfrey, Francis Winslow, A.B. 1898,	<i>Belmont.</i>
Porter, Robert Brastow, A.B. 1897,	<i>Quincy.</i>
Prescott, Henry Dudley, A.B. 1898,	<i>New Bedford.</i>
Quinby, William Carter, A.B. 1899,	<i>Worcester.</i>
Richmond, Ivus Irvin,	<i>Byron, Me.</i>
Robbins, Michael Uriah,	<i>Newton.</i>
Roberts, Albert Joseph,	<i>Weston.</i>
Roberts, William Frederick, A.B. 1898,	<i>Roxbury.</i>
Robinson, Samuel, A.B. 1898,	<i>Boston.</i>
Rollins, Edwin Theodore,	<i>Newtonville.</i>
Sennott, John Ralph,	<i>Cambridgeport.</i>
Sherman, William Anthony, A.B. 1899,	<i>Newport, R.I.</i>
Silva, Frank Rudolph, A.B. (<i>Amherst Coll.</i>) 1897,	<i>So. Dennis.</i>
Sims, Frederick Robertson,	<i>Melrose.</i>
Small, Ernest Winfield,	<i>No. Attleboro.</i>
Smith, Forster Hanson, A.B. (<i>Tufts Coll.</i>) 1899,	<i>Lowell.</i>
Snow, Frank Whipple,	<i>Newburyport.</i>
Somers, Pierce Edward, A.B. 1899,	<i>Portland, Me.</i>
Stearns, Robert Thomas, A.B. 1898,	<i>Jamaica Plain.</i>
Stratton, Ralph Ricker, A.B. (<i>Boston Univ.</i>) 1898,	<i>Wakefield.</i>
Stubbs, Richard Henry, A.B. (<i>Bowdoin Coll.</i>) 1898,	<i>Strong, Me.</i>
Thomas, Raphael Clarke, A.B. 1896,	<i>Newton Centre.</i>
Thompson, Charles Edward,	<i>Malden.</i>
Thompson, Frederick Henry, Jr., A.B. 1898,	<i>Fitchburg.</i>
Thorndike, Townsend William,	<i>Boston.</i>
Tilley, Frank William, A.B. (<i>Bucknell Univ.</i>) 1898,	<i>Hyde Park.</i>
Torbert, James Rockwell, PH.B. (<i>Yale Univ.</i>) 1895,	<i>Dubuque, Ia.</i>

Tyzzar, Ernest Edward, B.P. (<i>Brown Univ.</i>) 1897,	
A.M. (<i>ibid.</i>) 1898,	Wakefield.
Vincent, Beth, A.B. 1898,	Fort Dodge, Ia.
Walker, William Emrich, A.B. (<i>Amherst Coll.</i>)	
1898,	Yarmouth.
Ward, Edward Silvanus, S.B. (<i>Amherst Coll.</i>)	
1898,	Brookfield.
White, Arthur Joseph,	Dorchester.
Wilson, Louis Thornton, S.B. 1899,	Worcester.
Winchester, George Wesley,	Dorchester.
Wynne, Richard,	Beachmont.

THIRD CLASS.

Adams, John Dresser,	Brookline.
Adams, Zabdiel Boylston, Jr.	Framingham.
Albee, Fred Houdlett, A.B. (<i>Bowdoin Coll.</i>) 1899,	Head Tide, Me.
Allen, Howard Louis,	Fall River.
Andrews, Robert Eaton, A.B. 1899,	Cambridge.
Ayres, Harold Winslow,	W. Somerville.
Bailey, Frederick James,	Boston.
Barron, Elmer Walter, A.B. (<i>Tufts Coll.</i>) 1900,	Charlestown.
Berry, Nathaniel Leander, Jr.	W. Newton.
Blair, Orrin Curtis,	Springfield.
Boutwell, Horace Keith, S.B. 1900,	Boston.
Boyle, John Francis,	Lowell.
Bridge, John Law, S.B. (<i>Wesleyan Univ.</i>) 1888,	Hazardville, Conn.
Burke, Francis Ramon,	Quincy.
Burnham, Parker,	Gloucester.
Burrage, Thomas Jayne, A.M. (<i>Brown Univ.</i>)	
1899,	Portland, Me.
Butler, Patrick Francis,	Dorchester.
Clark, George Oliver, A.B. 1900,	Boston.
Clarke, George William,	Cambridge.
Cook, Philip Howard, A.B. 1899,	Portland, Me.
Cort, Parker Martin,	Utica, N. Y.
Cunningham, Wilfred Bernard,	Cambridge.
Dearborn, Henry Hale, A.B. (<i>Dartmouth Coll.</i>)	
1899,	Milford, N. H.
Deering, George Edwin,	Worcester.
Dillingham, William Edward,	New Bedford.
Drake, Percy Greenough, S.B. (<i>Dartmouth Coll.</i>)	
1899,	Rye, N. H.
Drake, Richard Alvin,	W. Medford.

Draper, Arthur Derby,	<i>Boston.</i>
Duncan, Charles, B.L. (<i>Dartmouth Coll.</i>) 1898,	<i>Chelsea.</i>
Emerson, George Edward,	<i>Everett.</i>
England, Albert Charles,	<i>Pittsfield.</i>
Eveleth, Charles Wonson, S.B. (<i>Tufts Coll.</i>) 1899,	<i>Marblehead.</i>
Fennessey, John Francis, A.B. (<i>Univ. of Notre Dame</i>) 1899,	<i>Boston.</i>
Fitch, Ralph Roswell,	<i>Dorchester.</i>
Flint, Edward Rawson, S.B. (<i>Mass. Agr. Coll.</i>) 1887, PH.D. (<i>Univ. of Göttingen</i>) 1892,	<i>Clifton.</i>
Flint, John, A.B. 1898,	<i>Brookline.</i>
Floyd, Cleaveland,	<i>Brookline.</i>
Fontaine, Oliver Reynolds,	<i>Lubec, Me.</i>
Gafney, Harry Dabol,	<i>Petersham.</i>
Galvin, Augustus Hughes,	<i>Dorchester.</i>
Garland, Roy, A.B. 1899,	<i>Gloucester.</i>
Gifford, Nathaniel Howland, A.B. (<i>Brown Univ.</i>) 1899,	<i>Wellington.</i>
Glass, James,	<i>E. Boston.</i>
Graham, Simon Peter,	<i>Newburyport.</i>
Grainger, Edward John, A.B. (<i>Boston Coll.</i>) 1898,	<i>E. Boston.</i>
Graves, Robert John, S.B. 1900,	<i>Boston.</i>
Green, Abraham,	<i>Boston.</i>
Grover, Arthur Leon, PH.B. (<i>Brown Univ.</i>) 1898,	<i>Portland, Me.</i>
Halligan, Edward Maurice,	<i>So. Boston.</i>
Hawes, John Bromham, A.B. 1900,	<i>Boston.</i>
Hickey, John Joseph,	<i>Marblehead.</i>
Hill, George Jackson,	<i>Beverly.</i>
Hindle, William,	<i>Providence, R.I.</i>
Holt, Edward Wells Atwood,	<i>No. Andover Depot.</i>
Homans, John Alden, A.B. 1899,	<i>Boston.</i>
Hopkins, Frank Henry,	<i>So. Boston.</i>
Hunt, Wilson Eugene,	<i>London, N.H.</i>
Hurley, John Joseph, A.B. (<i>Mt. St. Mary's Coll.</i>) 1898, A.M. (<i>ibid.</i>) 1900,	<i>Boston.</i>
Hussey, Edward John, A.B. (<i>Holy Cross Coll.</i>) 1899,	<i>Holyoke.</i>
Joyce, Frederick Lawerance,	<i>San Francisco, Cal.</i>
Kahn, Isidore Stanley, A.B. 1900,	<i>Dallas, Tex.</i>
Keith, Albert Russell, A.B. (<i>Colby Univ.</i>) 1897,	<i>Waterville, Me.</i>
Kelley, Jacob Sleeper,	<i>W. Newton.</i>
Kelly, William Dugan,	<i>Boston.</i>
Lane, Arthur Kempton,	<i>Boston.</i>

Lane, John William, A.B. 1899,	<i>Dorchester.</i>
Lane, Peter Henry, B.L. (<i>Dartmouth Coll.</i>) 1899,	<i>Nahant.</i>
Lee, Ralph Everett,	<i>Chelsea.</i>
Lloyd, Henry Demarest, Jr., A.B. 1899,	<i>Winnetka, Ill.</i>
Loftus, John Thomas, PH.G. (<i>Mass. Coll. of Pharm.</i>) 1898,	<i>Worcester.</i>
McAllister, John Joseph Hector, A.B. (<i>Fordham Coll.</i>) 1899,	<i>Waltham.</i>
McCaffrey, Charles Francis, S.B. 1899,	<i>Somerville.</i>
M'Coy, George Madison, Jr.	<i>Boston.</i>
McSweeney, Daniel Justin, A.B. (<i>Boston Coll.</i>) 1899,	<i>Boston.</i>
Macleod, William Preston, A.B. 1900,	<i>Cambridge.</i>
Mahoney, Daniel Francis,	<i>Lowell.</i>
Maxfield, George Henry,	<i>Franklin, N.H.</i>
Moline, Charles, S.B. 1900,	<i>Sunderland.</i>
Morse, Vernon Chipman,	<i>Paradise, N.S.</i>
Norris, Albert Perley, S.B. (<i>Mass. Inst. of Tech.</i>) 1897,	<i>Cambridge.</i>
Oakman, Carl Shepard, A.B. 1900,	<i>Dorchester.</i>
O'Brien, Daniel Paul, M.D.V. 1899,	<i>Chelsea.</i>
O'Hearn, Daniel Aloysius, A.B. (<i>St. Bonaventure's Coll.</i>) 1898,	<i>Lowell.</i>
O'Reilly, William Francis,	<i>Boston.</i>
Packard, Loring Bradford, A.B. (<i>Yale Univ.</i>) 1899,	<i>W. Medford.</i>
Parker, David Woodbury, A.B. (<i>Dartmouth Coll.</i>) 1899,	<i>Goffstown, N.H.</i>
Parker, Ernest Lawrence,	<i>Worcester.</i>
Pearce, Arthur Cushing,	<i>Somerville.</i>
Phelps, Joseph Royal,	<i>Malden.</i>
Raymond, Loring Hay,	<i>Somerville.</i>
Reardon, Daniel Bartholomew,	<i>Quincy.</i>
Richardson, Frank Linden,	<i>Concord.</i>
Rochette, Edward Charles,	<i>Worcester.</i>
Sargent, Walter Leslie, A.B. (<i>Williams Coll.</i>) 1899,	<i>Quincy.</i>
Shanks, Charles,	<i>New Bedford.</i>
Smith, Homer Brandel, A.B. 1900,	<i>Lancaster, N.H.</i>
Smith, Hervev Lewis,	<i>Smith's Ferry.</i>
Spicer, George Thurston, A.B. (<i>Brown Univ.</i>) 1897, A.M. (<i>ibid.</i>) 1901,	<i>Providence, R.I.</i>
Stanton, Joseph, PH.G. (<i>Mass. Coll. of Pharm.</i>) 1899,	<i>Cambridge.</i>
Stone, Murray Chaffee,	<i>Fitchburg.</i>

Stone, Ralph Edgerton,	<i>Waltham.</i>
Stone, Thomas Newcomb,	<i>Wakefield.</i>
Sturgis, Milton Gorham, A.B. (<i>Bates Coll.</i>) 1900,	<i>Lewiston, Me.</i>
Sullivan, Edward Coppinger,	<i>Taunton.</i>
Taylor, Ewing, A.B. (<i>Williams Coll.</i>) 1895,	<i>Boston.</i>
Thomas, Thomas Hasbrouck, A.B. (<i>Lincoln Univ.</i>)	
1894,	<i>Cambridge.</i>
Tobey, George Loring, Jr.	<i>Clinton.</i>
Tyler, Winsor Marrett, A.B. 1899,	<i>Lexington.</i>
Vickery, Eugene Augustus,	<i>Dorchester.</i>
Walker, William Hastings,	<i>Cambridge.</i>
Whitney, Edward William,	<i>Ware.</i>
Williams, Frederick Smith, A.B. 1897,	<i>Waltham.</i>
Wolbach, Simeon Burt,	<i>Grand Island, Neb.</i>

 SECOND CLASS.

Amory, Ingersoll, A.B. 1892,	<i>Boston.</i>
Andrews, Frederick Francis,	<i>E. Boston.</i>
Arkin, Louis, s.B. 1901,	<i>Cambridge.</i>
Bail, John Warren, A.B. 1898,	<i>Newton Highlands.</i>
Baker, Leonard Allen,	<i>W. Duxbury.</i>
Baldwin, Charles Hume, A.B. (<i>Williams Coll.</i>) 1900,	<i>Medford.</i>
Barnes, William Lester, A.B. 1900,	<i>No. Attleboro</i>
Barney, James Dellinger, A.B. 1900,	<i>Roxbury.</i>
Bartlett, Daniel Edwin,	<i>Cambridge.</i>
Bastian, George Leon,	<i>Lawrence.</i>
Beals, Lynn Staley, A.B. 1900,	<i>Mt. Vision, N. Y.</i>
Beeley, Leon Gage, A.B. 1900,	<i>Lawrence.</i>
Bell, Conrad, A.B. 1901,	<i>Cambridge.</i>
Bergengren, Charles Henry,	<i>Boston.</i>
Bianco, Joseph Anthony,	<i>Orient Heights.</i>
Bigelow, Edward Bridge, A.B. (<i>Dartmouth Coll.</i>)	
1900,	<i>Grafton.</i>
Blake, Allen Hanson,	<i>No. Cambridge.</i>
Brennan, Thomas Joseph,	<i>So. Boston.</i>
Brine, Elmer Louis,	<i>Somerville.</i>
Brooks, Robert Hartley, A.B. (<i>Dartmouth Coll.</i>)	
1900,	<i>Claremont, N. H.</i>
Bullard, Channing Sears,	<i>Cambridge.</i>
Burns, Walter Linn, A.B., s.B. (<i>Villanova Coll.</i>)	
1897,	<i>Lawrence.</i>
Butterfield, William Jenkins,	<i>Andover.</i>

Carlisle, Frank Henry,	<i>Malden.</i>
Carr, Percy Whitman,	<i>Hyde Park.</i>
Cassidy, James Joseph,	<i>Lowell.</i>
Chace, Fenner Albert, A.B. 1897,	<i>Fall River.</i>
Clark, John Donovan, S.B. 1901.	<i>Newtonville.</i>
Clark, Nelson Henry, S.B. (<i>Antioch Coll.</i>) 1897,	<i>Clifton, O.</i>
Clow, Fred Ellsworth,	<i>Wolfboro, N.H.</i>
Coffin, Leslie Erwin,	<i>Canobie Lake, N.H.</i>
Conlon, Frank Aloysius,	<i>Lawrence.</i>
Connelly, John Edward,	<i>Reading.</i>
Connolly, William Edward, A.B. 1898,	<i>Cambridge.</i>
Cullinane, Timothy Joseph,	<i>Andover.</i>
Cunningham, Edward Albert,	<i>Cambridge.</i>
Cushing, Arthur Alden,	<i>Brookline.</i>
Cusick, Laurence Francis,	<i>Nahant.</i>
Dearborn, Edmund Gerrish, A.B. (<i>Dartmouth Coll.</i>) 1900,	<i>Milford, N.H.</i>
Dexter, Fred Fay,	<i>Springfield.</i>
Dixon, Patrick Joseph Harkins, A.B. (<i>Holy Cross Coll.</i>) 1895,	<i>Holyoke.</i>
Donaldson, Frederick August, A.B. 1896,	<i>Dorchester.</i>
Downing, Andrew Francis, A.B. 1900,	<i>Cambridge.</i>
Drew, Charles Allen, B.S. (<i>Dartmouth Coll.</i>) 1900,	<i>Sharon.</i>
Drowne, Edwin Lewis,	<i>E. Boston.</i>
Drury, Dana Warren,	<i>Roxbury.</i>
Dyer, Ernest Arey,	<i>Boston.</i>
Easton, Charles Daniel, A.B. (<i>Brown Univ.</i>) 1899,	<i>Boston.</i>
A.M. (<i>ibid.</i>) 1900,	<i>Boston.</i>
Easton, Frank Birch, A.B. (<i>Brown Univ.</i>) 1900,	<i>So. Framingham.</i>
Eaton, William Edward,	<i>Southbridge.</i>
Ellam, Herbert William,	<i>Dorchester.</i>
Emery, William Campbell,	<i>Brookline.</i>
Fabyan, Marshal, A.B. 1900,	<i>Tewksbury.</i>
Farmer, William Francis,	<i>Lakewood, R.I.</i>
Fearney, Frank Albert,	<i>Chelsea.</i>
Fenwick, George Benson, A.B. 1900,	<i>Dorchester.</i>
Field, Henry Martyn, A.B. (<i>Yale Univ.</i>) 1900,	<i>Boston.</i>
Finkelstein, Harry,	<i>Worcester.</i>
Fitzgibbon, Edward James,	<i>Dorchester.</i>
Flynn, Henry Lawrence,	<i>E. Raymond, Me.</i>
Foss, Alvin Warren, A.B. (<i>Bates Coll.</i>) 1897,	<i>Chelsea.</i>
Freedman, Louis Mark, A.B. 1901,	<i>Boston.</i>
Frothingham, Joseph Laforme,	

Gaffney, James Francis,	<i>Lowell.</i>
Gerrish, Lester Pierpont, A.B. (<i>Bates Coll.</i>) 1896,	<i>Lisbon, Me.</i>
Glass, George Waldron, A.M. (<i>Dartmouth Coll.</i>) 1887,	<i>Dover, N.H.</i>
Goddard, Samuel Warren,	<i>Brockton.</i>
Good, Frederick Leo,	<i>Cambridge.</i>
Graves, James Chapman, A.B. (<i>Amherst Coll.</i>) 1899,	<i>Marblehead.</i>
Gray, Charles Perley, B.S. (<i>Univ. of Maine</i>) 1900,	<i>Old Town, Me.</i>
Grimes, Loring,	<i>Rockport.</i>
Hager, William Perry, S.B. 1900,	<i>So. Deerfield.</i>
Hagerty, Joseph James,	<i>Boston.</i>
Hamilton, Frank Andrew,	<i>Charlestown.</i>
Hancock, Albert William,	<i>Newton.</i>
Hartwell, John Bryant, A.B. (<i>Yale Univ.</i>) 1900,	<i>Providence, R.I.</i>
Herman, Edwards Woodbridge,	<i>Boston.</i>
Hitchings, Frederic Wade,	<i>Boston.</i>
Hoit, Henry Ambrose,	<i>Boston.</i>
Holt, Harry Frye,	<i>Andover.</i>
Hosley, Walter Alexis, A.B. 1900,	<i>Springfield.</i>
Howe, George Plummer, A.B. 1900,	<i>Lawrence.</i>
Hubbard, Wallace Eugene,	<i>Brighton.</i>
Hurley, Edward Daniel,	<i>So. Boston.</i>
Inglis, Harry James,	<i>Middletown, Conn.</i>
Jackson, George Henry,	<i>Plymouth.</i>
Johnson, Herbert William,	<i>Watertown.</i>
Kenney, Thomas Francis,	<i>Worcester.</i>
Kent, Ralph Porter,	<i>Attleboro.</i>
Kidner, Frederic Clinton, A.B. 1900,	<i>Boston.</i>
King, Henry Daniel,	<i>Springfield.</i>
King, Hamilton Theodore,	<i>Newport, R.I.</i>
Kingman, Lucius Collinwood, A.B. (<i>Yale Univ.</i>) 1900,	<i>Providence, R.I.</i>
Lahey, Francis Howard,	<i>Haverhill.</i>
Lee, William George, A.B. 1901	<i>Chicago, Ill.</i>
Lewis, James Prince, Jr.	<i>Roxbury.</i>
Lewis, Louis,	<i>Providence, R.I.</i>
Linenthal, Harry, A.B. 1900,	<i>E. Boston.</i>
Longfellow, Henry Nathan, PH.G. (<i>Mass. Coll. of</i> <i>Pharmacy</i>) 1890,	<i>Georgetown.</i>
Lowney, Jeremiah Joseph,	<i>Fall River.</i>
Luce, Dean Sherwood,	<i>Vineyard Haven.</i>
Lutz, Frederick Louis,	<i>Boston.</i>
McAllester, Ralph William, A.B. 1900,	<i>Randolph.</i>

McAusland, William Russell,	<i>Taunton.</i>
McClintock, Francis Blake,	<i>Chelsea.</i>
McKee, George Joseph,	<i>Allegheny City, Pa.</i>
McLean, John Allen,	<i>Somerville.</i>
McLellan, Malcolm Sawyer,	<i>Melrose Highlands.</i>
Maguire, Thomas Joseph,	<i>Natick.</i>
Mahoney, Francis Xavier, M.D.V. 1892,	<i>Dorchester.</i>
Mahoney, Joseph John,	<i>Dorchester.</i>
Marshall, Frederic Monroe,	<i>Nunda, N. Y.</i>
Marshall, Harold Kenneth,	<i>Boston.</i>
Marshall, Herman Prince,	<i>Gloucester.</i>
Martin, Dwight Clifford, D.M.D. 1900,	<i>Boston.</i>
Meisenbach, Roland Otto,	<i>St. Louis, Mo.</i>
Mendelsohn, Louis, A.B. 1901.	<i>Boston.</i>
Messinger, Harry Carleton,	<i>E. Providence, R.I.</i>
Morrill, Gordon Niles,	<i>Boston.</i>
Morse, Nathaniel Niles, B.L. (<i>Dartmouth Coll.</i>)	
1900,	<i>Auburndale.</i>
Neary, Anthony Gregory,	<i>Dorchester.</i>
Nelson, Louis, A.B. 1900,	<i>Roxbury.</i>
Newton, Roland Stephen,	<i>Fayville.</i>
Oak, Charles Arthur,	<i>Revere.</i>
O'Leary, Dennis Cornelius, A.B. (<i>Holy Cross Coll.</i>)	
1896,	<i>Providence, R.I.</i>
Oliver, Everard Lawrence,	<i>Boston.</i>
Ordway, Clarence Eugene, A.B. (<i>Yale Univ.</i>) 1900,	<i>Winchester.</i>
Osgood, George,	<i>Brookline.</i>
Page, Harry Merton,	<i>Guilford, Me.</i>
Philbrick, Roscoe Hunter,	<i>W. Somerville.</i>
Phillips, John Charles, S.B. 1899,	<i>Boston.</i>
Phippen, Walter Gray, A.B. 1900,	<i>Salem.</i>
Place, Edwin Hemphill,	<i>Francestown, N.H.</i>
Reed, Edwin Clarence,	<i>Somerville.</i>
Rice, Robert Astley, S.B. (<i>Amherst Coll.</i>) 1898,	<i>Fitchburg.</i>
Richmond, Fred Marcy,	<i>Everett.</i>
Riemer, Hugo Bruno Charles,	<i>Norwood.</i>
Robbins, Chandler, A.B. 1899,	<i>Weston.</i>
Robbins, William Bradford, A.B. 1899,	<i>Weston.</i>
Rogers, John Conway, Jr., A.B. (<i>Bowdoin Coll.</i>)	
1899,	<i>Pembroke, Me.</i>
Rogers, Mark Homer, A.B. (<i>Williams Coll.</i>) 1900,	<i>Allston.</i>
Ross, Wayland,	<i>Boston.</i>
Russell, Charles Bradley, B.S. (<i>Illinois Coll.</i>) 1899,	<i>Stockbridge.</i>

Ruston, Warren Dunn,	<i>W. Somerville.</i>
Salmon, Edward Lawrence,	<i>Southboro.</i>
Sanger, Guy Edward,	<i>Watertown.</i>
Seaver, Edwin Pliny, Jr.	<i>Waban.</i>
Seymour, Frederick Ward,	<i>Holyoke.</i>
Seymour, Malcolm,	<i>Holyoke.</i>
Sherburne, Andrew Edward, A.B. 1897,	<i>Roxbury.</i>
Shoninger, Lee Simon, PH.B. (<i>Yale Univ.</i>) 1900,	<i>New Haven, Conn.</i>
Smyth, Patrick Somers, A.B. (<i>St. Francis Xavier</i>	
<i>Coll.</i>) 1896,	<i>Port Hood, N.S.</i>
Spear, Louis Mahlon, A.B. (<i>Bowdoin Coll.</i>) 1900,	<i>Gardiner, Me.</i>
Stanley, Francis Guy, B.S. (<i>Mass. Agr. Coll.</i>) 1900,	<i>Springfield.</i>
Staples, Clarence Hathorne, A.B. (<i>Wesleyan Univ.</i>)	
1900,	<i>Waltham.</i>
Strauss, Sidney,	<i>Pittsfield, Ill.</i>
Sturnick, Max,	<i>Boston.</i>
Sullivan, Charles Brent,	<i>Lawrence.</i>
Sullivan, John Joseph,	<i>Lawrence.</i>
Sibley, Hartwell Astor,	<i>Dorchester.</i>
Thompson, Joseph Mariner,	<i>Dorchester.</i>
Timmins, Edward Francis,	<i>So. Boston.</i>
Tolman, Henry, Jr.	<i>Newton.</i>
Trayes, William Henry, Jr.	<i>Boston.</i>
Trueman, Nelson Gore, D.M.D. 1900,	<i>Boston.</i>
Van Magness, Fred,	<i>Chelsea.</i>
Vinal, Charles Renough,	<i>Dorchester.</i>
Wald, Rudolph Henry,	<i>Boston.</i>
Watts, Joseph Palmer,	<i>Chelsea.</i>
Wheelock, Frank Robert,	<i>Danvers.</i>
Whitford, Robert Atwood, A.B. 1898,	<i>Waltham.</i>
Whiting, Nye Clinton,	<i>So. Springfield.</i>
Whitney, Ray Lester, PH.B. (<i>Brown Univ.</i>) 1900,	<i>Winchendon.</i>
Whiton, Ross Kittredge, A.B. 1900,	<i>Quincy.</i>
Williams, Allen Hamilton, A.B. 1891,	<i>Boston.</i>
Williams, John Thomas,	<i>Roxbury.</i>
Winslow, Benjamin Sabert,	<i>New Bedford.</i>
Woodbury, Willard Porter, A.B. 1900,	<i>Beverly.</i>
Young, Herbert Walter,	<i>Woods Holl.</i>
Young, John Albion, PH.B. (<i>Brown Univ.</i>) 1900,	<i>Campello.</i>
Young, Ralph Randall,	<i>New Dorchester.</i>

FIRST CLASS.

Adams, Charles Waldron, A.B. 1901,	<i>Cambridge.</i>
Amsden, George Samuel, A.B. 1901,	<i>Ashtabula, O.</i>
*Austin, William Thomas,	<i>Boston.</i>
Baker, Leslie Talbot, A.B. 1900,	<i>Boston.</i>
Beach, Sylvester Judd, A.B. 1901,	<i>Cambridge.</i>
*Bennett, Francis Arnold,	<i>Somerville.</i>
Berry, Martin Whitten, A.B. (<i>Williams Coll.</i>) 1895,	<i>Boston.</i>
*Bigelow, George Lambert,	<i>Marlboro.</i>
Blake, Gerald, A.B. 1901,	<i>Boston.</i>
Boardman, William Parsons, (<i>Harvard Coll.</i> <i>Senior</i>),	<i>Boston.</i>
Bosworth, Freeman Dodd, Jr., A.B. 1901,	<i>Cambridge.</i>
*Boyle, Jeremiah Joseph,	<i>Cambridge.</i>
*Bridgham, Paul Chester,	<i>Cohasset.</i>
Bryant, Clarence Edmund, B.L. (<i>Dartmouth</i> <i>Coll.</i>) 1901,	<i>Hyde Park.</i>
Burnett, Francis Lowell, (<i>Harvard Coll. Senior</i>),	<i>Cambridge.</i>
Chase, Harrison Ayer, B.P. (<i>Brown Univ.</i>) 1901,	<i>Brockton.</i>
Converse, Joseph Henry, 2d, (<i>Lawrence Scienti-</i> <i>fic Sch. Senior</i>),	<i>Brookline.</i>
Costa, Joseph Foxe, (<i>Harvard Coll. Senior</i>),	<i>Quincy.</i>
Dana, Harold Ward, A.B. 1900,	<i>Boston.</i>
*Dana, Ralph Birtwell,	<i>Somerville.</i>
Day, Hilbert Francis, PH.B. (<i>Yale Univ.</i>) 1901,	<i>Boston.</i>
Denning, Edward John, A.B. 1901,	<i>So. Boston.</i>
Dexter, Richard, A.B. 1901,	<i>Boston.</i>
*Doherty, Francis Joseph,	<i>Woburn.</i>
Eastman, Theodore Jewett, A.B. 1901,	<i>So. Berwick, Me.</i>
Ehrenfried, Albert, (<i>Harvard Coll. Senior</i>),	<i>Boston.</i>
Faxon, Nathaniel Wales, (<i>Harvard Coll. Senior</i>),	<i>Stoughton.</i>
Fisher, Charles, B.S. (<i>Carleton Coll.</i>) 1901,	<i>Devils Lake, N.D.</i>
Gafforio, Pippo Joseph, B.L. (<i>Dartmouth Coll.</i>) 1900,	<i>So. Boston.</i>
Gilpatrick, Roy Hawkes, A.B. (<i>Yale Univ.</i>) 1901,	<i>Cambridge.</i>
Goodell, William, A.B. (<i>Amherst Coll.</i>) 1901,	<i>Amherst.</i>
Hildreth, George Kelsea, A.B. (<i>Dartmouth Coll.</i>) 1900,	<i>Bethlehem.</i>
Holt, William Leland, A.B. 1901,	<i>Boston.</i>
Hopkinson, George, A.B. (<i>Brown Univ.</i>) 1896,	<i>Westford, Vt.</i>

* Entering previous to June, 1901.

Hornbrooke, Frank Wheeler, PH.B. (<i>DePauw Univ.</i>) 1899,	<i>Evansville, Ind.</i>
Hoyt, Charles Wentworth, (<i>Harvard Coll. Senior</i>),	<i>Rochester, N. Y.</i>
*Leahy, James Percival,	<i>Middleboro.</i>
Lee, Roger Irving, (<i>Harvard Coll. Senior</i>),	<i>Peabody.</i>
*Lentine, Gaspare Emmanuel,	<i>Dorchester.</i>
Lynch, James Edward, A.B. (<i>Holy Cross Coll.</i>) 1898,	<i>Norwich Town, Conn.</i>
McLaughlin, William Charles, A.B. (<i>Brown Univ.</i>) 1901,	<i>Providence, R. I.</i>
McLeod, Norman Murray, (<i>Harvard Coll. Senior</i>),	<i>Newport, R. I.</i>
Maguire, Eugene Leo, A.B. (<i>Dartmouth Coll.</i>) 1901,	<i>Somerville.</i>
Merrill, Charles Henry, A.B. (<i>Dartmouth Coll.</i>) 1901,	<i>Kennebunkport, Me.</i>
Millard, Jean Sears, (<i>Lawrence Scientific Sch. Senior</i>),	<i>Boston.</i>
Miller, Malcolm Dean, A.B. 1901,	<i>Cambridge.</i>
Moran, Charles Leo, (<i>Harvard Coll. Senior</i>),	<i>Boston.</i>
Murphy, James Cornelius, A.B. (<i>Boston Coll.</i>) 1901,	<i>Norwood.</i>
Newhall, Harvey Field, A.B. 1901,	<i>Lynn.</i>
Nichols, Chester Wellington, A.B. 1901,	<i>Boston.</i>
*Nutting, Joseph Francis,	<i>Ludlow.</i>
*O'Brien, Stanislaus Patrick,	<i>Lowell.</i>
Ordway, Thomas, A.M. 1900,	<i>Jamaica Plain.</i>
O'Shea, John Henry, A.B. (<i>Gonzaga Coll.</i>) 1901,	<i>Spokane, Wash.</i>
O'Sullivan, William Daniel, B.L. (<i>Dartmouth Coll.</i>) 1900,	<i>Lawrence.</i>
Overlander, Charles Leonard, PH.C. (<i>Univ. of Kansas</i>) 1898, PH.B. (<i>Yale Univ.</i>) 1901,	<i>Boston.</i>
Proctor, Thomas Melville, A.B. (<i>Amherst Coll.</i>) 1901,	<i>Wrentham.</i>
Quintero, Manuel Justo, A.B. (<i>Faculté des Sciences, Lyons</i>) 1901,	<i>Lyons, France.</i>
Rayneri y Perez, Francisco, A.B. (<i>Havana Univ.</i>) 1897,	<i>Havana, Cuba.</i>
Reardon, John Aloysius, A.B. (<i>Boston Coll.</i>) 1901,	<i>Allston.</i>
Reed, Carlisle (<i>Lawrence Scientific Sch. Senior</i>),	<i>Boston.</i>
*Regan, Frank Albert,	<i>Natick.</i>
Rice, Allen Galpin, (<i>Harvard Coll. Senior</i>),	<i>Springfield.</i>

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| Robinson, David, A.B. (<i>Brown Univ.</i>) 1901, | <i>Providence, R.I.</i> |
| Shanahan, Timothy Joseph, A.B. (<i>Dartmouth Coll.</i>) 1901, | <i>Charlestown.</i> |
| Shattuck, George Cheever, A.B. 1901, | <i>Boston.</i> |
| *Shean, Maurice Edwin, | <i>Belmont.</i> |
| Sibley, Benjamin Ernest, A.B. (<i>Wesleyan Univ.</i>) 1898, | <i>Rialto, Cal</i> |
| Southgate, Alfred Willard, A.B. (<i>Amherst Coll.</i>) 1901, | <i>Worcester.</i> |
| Stark, Stephen, A.B. (<i>Colby Coll.</i>) 1892, | <i>Waterville, Me.</i> |
| Stearns, Roy Sumner, B.S. (<i>Middlebury Coll.</i>) 1901, | <i>Bristol, Vt.</i> |
| Stevens, Harold Elmer Ellsworth, A.B. (<i>Bates Coll.</i>) 1901, | <i>Lewiston, Me.</i> |
| Storrs, Henry Randolph, A.B. 1896, | <i>Brookline.</i> |
| *Sullivan, Timothy Joseph, | <i>Cambridge.</i> |
| Talbot, Fritz Bradley, A.B. 1900, | <i>Brookline.</i> |
| Talty, Francis Eugene, A.B. (<i>Manhattan Coll.</i>) 1901, | <i>Buttonwoods, R.I.</i> |
| Thayer, Nathan Pulsifer, A.B. (<i>Colby Coll.</i>) 1901, | <i>Waterville, Me.</i> |
| *VanWagner, LeGrand, | <i>Syracuse, N. Y.</i> |
| Walcott, William Wright, S.B. (<i>Mass. Inst. of Tech.</i>), 1901, | <i>Natick.</i> |
| *Waldstein, Charles, | <i>Boston.</i> |
| Wardwell, James Knight, A.B. (<i>Williams Coll.</i>) 1901, | <i>Boston.</i> |
| Wentworth, Mark Hunking, 2d, (<i>Harvard Coll. Senior</i>), | <i>Portsmouth, N.H.</i> |
| Whitney, James Lyman, A.B. (<i>Yale Univ.</i>) 1901, | <i>Branford, Conn.</i> |
| Whittemore, Wyman, (<i>Lawrence Scientific Sch. Senior</i>), | <i>Cambridge.</i> |
| Williams, Horace Dudley Hall, A.B. 1899, | <i>Roxbury.</i> |
| Wilson, John Edward, A.B. (<i>Dartmouth Coll.</i>) 1901, | <i>Natick.</i> |
| Witherell, Carl Hamlin, A.B. (<i>Colby Coll.</i>) 1901, | <i>Oakland, Me.</i> |

SUMMARY.

IN COURSES FOR GRADUATES, 1901-02 (to Oct. 30) . .	10
FOURTH CLASS	115
THIRD CLASS	113
SECOND CLASS	181
FIRST CLASS	87
TOTAL	506

In Courses for Graduates 1900-01 after publication of Catalogue for 1900-01	17
In Summer Courses, 1901	126

STUDENTS IN SUMMER COURSES, 1901.

Abbott, Harlam Page, A.B. (<i>Brown Univ.</i>) 1885, A.M. (<i>ibid.</i>) 1889, M.D. 1889,	<i>Providence, R.I.</i>
Abbott, Susan Edgar,	<i>Andover.</i>
Adams, Zabdiel Boylston, Jr.	<i>Framingham.</i>
Allen, Belle Jane, B.L. (<i>Ohio Wesleyan Univ.</i>) 1883,	<i>Boston.</i>
Allen, Howard Louis,	<i>Fall River.</i>
Amsden, George Samuel, A.B. 1901,	<i>Ashtabula, O.</i>
Andrews, Robert Eaton, A.B. 1889,	<i>Cambridge.</i>
Barnes, Lynn Moore, A.B. 1896, M.D. 1900,	<i>Decatur, Ill.</i>
Barron, Elmer Walter, A.B. (<i>Tufts Coll.</i>) 1900,	<i>Charlestown.</i>
Blackman, Alfred Atwater,	<i>Denver, Colo.</i>
Bogan, Fred Macon, M.D. (<i>Columbian Univ.</i>) 1893,	<i>Washington, D.C.</i>
Bolling, George Everett,	<i>Brockton.</i>
Boutwell, Horace Keith,	<i>No. Cambridge.</i>
Breslin, James Edward, Jr.	<i>Cambridge.</i>
Bridgham, Samuel Crosby, M.D. (<i>Med. School of Maine</i>) 1882,	<i>Walla Walla, Wash.</i>
Bunce, Philip Dibble, A.B. ((<i>Yale Univ.</i>) 1888, M.D. (<i>Coll. of P. & S., N. Y.</i>) 1891,	<i>Hartford, Conn.</i>
Burrage, Severance, S.B. (<i>Mass. Inst. of Tech.</i>) 1892,	<i>Lafayette, Ind.</i>
Carr, Percy Whitman,	<i>Hyde Park.</i>
Casey, Michael Lester, A.B. (<i>Univ. of Rochester</i>) 1895, M.D. (<i>Univ. of Pennsylvania</i>) 1898,	<i>Rochester, N. Y.</i>
Clark, George Oliver, A.B. 1900,	<i>Boston.</i>
Cogger, Francis Albert,	<i>Boston.</i>
Cort, Parker Martin,	<i>Utica, N. Y.</i>
Costa, Joseph Foxe,	<i>Quincy.</i>
Dadmum, Eliza Josephine,	<i>Boston.</i>
Dana, Ralph Birtwell,	<i>Somerville.</i>
Dearborn, Luther Gould, Jr., A.B. (<i>Tufts Coll.</i>) 1900,	<i>Somerville.</i>
Dennett, Roger Herbert, S.B. (<i>St. Lawrence Univ.</i>) 1898,	<i>Brookline.</i>

- Dennis, George James, M.D. (*Northwestern Univ.*)
1899, *Chicago, Ill.*
- Dexter, Richard, A.B. 1901, *Boston.*
- Dodge, Frederick Wilder, M.D. (*Boston Univ.*)
1891, *Hyde Park.*
- Donaldson, Frederick August, A.B. 1896, *Boston.*
- Downs, Arthur Adelbert, M.D. (*Baltimore Med. Coll.*) 1897, *Fairfield, Me.*
- Draper, Arthur Derby, *Boston.*
- Durant, Charles Edward, *Haverhill.*
- Eckert, John Edward, *Cambridge.*
- Emery, William Campbell, *Dorchester.*
- England, Albert Charles, *Pittsfield.*
- Eveleth, Charles Wonson, S.B. (*Tufts Coll.*) 1899, *Marblehead.*
- Fabyan, Marshal, A.B. 1900, *Brookline.*
- Fenyés, Adalbert, M.D. (*Vienna Imperial Univ.*)
1889, *Pasadena, Cal.*
- Flint, Edward Rawson, S.B. (*Mass. Agr. Coll.*)
1887, PH.D. (*Univ. of Göttingen*) 1892, *Clifton.*
- Flint, John, A.B. 1898, *Brookline.*
- Flippin, James Carroll, M.D. (*Univ. of Virginia*)
1901, *Danville, Va.*
- Fountaine, Oliver Reynolds, *Lubec, Me.*
- Gaenslen, Frederick Julius, B.S. (*Univ. of Wisconsin*) 1899, *Milwaukee, Wis.*
- Gafney, Harry Dabol, *Petersham.*
- Gardner, Charles Wesley, M.D. (*Univ. of Maryland*) 1901, *Boston.*
- Garrett, Frank Stele, M.D. (*Baltimore Med. Col.*)
1897, *Chelsea.*
- Gehring, Norman John, M.D. (*Med. School of Maine*) 1899, A.B. (*Bowdoin Coll.*) 1901, *Cleveland, O.*
- Gleason, William Francis, M.D. 1886, *Providence, R.I.*
- Goddard, Herbert, *Brookline.*
- Grady, Henry Matthew, *So. Natick.*
- Graham, Simon Peter, *Newburyport.*
- Grainger, Edward John, A.B. (*Boston Coll.*) 1898, *E. Boston.*
- Gray, Hugh Barr, *Boston.*
- Green, Abraham, *Boston.*
- Gwin, Robert Campbell, M.D. (*Baltimore Med. Coll.*) 1895, *Allston.*
- Hands, Anna Carville, M.D. (*Tufts Med. School*)
1895, *Cambridge.*

- Hands, Herbert Abraham,
 Hanley, James Francis,
 Hanley, John Joseph,
 Hartzell, Rein Keelor, B.S. (*Muhlenberg Coll.*)
 1899,
 Hawes, John Bromham, A.B. 1900,
 Hoff, Peder Andreas, M.D. (*Univ. of Minnesota*)
 1900,
 Hopkinson, George, A.B. (*Brown Univ.*) 1896,
 Howe, George Plummer, A.B. 1900,
 Hunt, Wilson Eugene,
 Jacques, Louis Désiré Onésiphore, M.D. (*Laval Univ.*) 1897,
 Jones, James Arthur, M.D. (*Boston Univ.*) 1900,
 Joslin, Elliott Proctor, A.B. (*Yale Univ.*) 1890,
 S.B. (*ibid.*) 1891, M.D. 1895,
 Joyce, Frederick Lawerance, A.B. (*Leland Stanford Jr. Univ.*) 1899,
 Kahn, Isidore Stanley, A.B. 1900,
 Kenniston, William Beaman, A.B. (*Bowdoin Coll.*)
 1892, M.D. (*Med. Sch. of Maine*), 1895,
 Kerr, Robert William,
 Knowles, William Fletcher, M.D. 1885,
 Leahy, James Percival,
 Leavitt, Byron Charles, A.B. (*Dartmouth Coll.*)
 1881, A.M. (*ibid.*) 1884, M.D. 1887,
 Lee, Ralph Everett,
 Lentine, Gaspare Emmanuel,
 Lilley, Albert Henry,
 Lloyd, Henry Demarest, Jr., A.B. 1899,
 Lynch, Leo Augustine, A.B. (*Yale Univ.*) 1899,
 McAllister, John Joseph Hector, A.B. (*Fordham Coll.*) 1899,
 McCarthy, Henry Thomas, M.D. (*Med. Sch. of Maine*) 1901,
 M'Coy, George Madison,
 Macleod, William Preston,
 Mahon, Edward,
 Mahoney, Daniel Francis,
 Merrill, William Howe, M.D. (*Med. Sch. of Maine*)
 1888,
 Mitchell, Arthur, M.D. (*Boston Univ.*) 1894,
 Morris, Frances Morris, M.D. (*Boston Univ.*)
 1885,
- Cambridge.*
Roxbury.
Mallow, Ireland.
Allentowne, Pa.
Cambridge.
St. Paul, Minn.
Westford, Vt.
Lawrence.
London, N.H.
Worcester.
Boston.
Boston.
San Francisco, Cal.
Dallas, Tex.
Yarmouth, Me.
Newport, R.I.
Boston.
Middleboro.
Denver, Colo.
Chelsea.
Dorchester.
New Bedford.
Winnetka, Ill.
Olyphant, Pa.
Waltham.
Lewiston, Me.
Boston.
Cambridge.
Ottumwa, Ia.
Lowell.
Lawrence.
Medfield.
Boston.

- Morse, Frank Waldron, M.D. (*Med. Sch. of Maine*) 1896, *Canton, Me.*
 Morse, John Hinckley, A.B. (*Bowdoin Coll.*) 1897, *Bath, Me.*
 M.D. 1901,
 Mulherin, William Anthony, A.B. (*St. Joseph's Coll.*) 1891, A.M. (*ibid.*) 1900, M.D. 1901, *Augusta, Ga.*
 Noble, Edwin Vose, PH.G. (*Mass. Coll. of Pharm.*) 1898, *Hyde Park.*
 Norton, John Blakely, B.S. (*Dartmouth Coll.*) 1897, M.D. (*ibid.*) 1900, *Brookline.*
 Parker, David Woodbury, A.B. (*Dartmouth Coll.*) 1899, *Goffstown, N.H.*
 Pelouze, Percy Starr, *Camden, N.J.*
 Pope, Clinton Mayberry, *Boston.*
 Rice, Robert Astley, S.B. (*Amherst Coll.*) 1898, *Fitchburg.*
 Robbins, Michael Uriah, *Newton.*
 Rowe, Virgil Asa, PH.G. (*Mass. Coll. of Pharm.*) 1898, *Highlandville.*
 Rucker, Marvin Pierce, A.M. (*Randolph Macon Coll.*) 1899, *Manchester, Va.*
 Sanford, Rowland Rufus, A.B. (*Acadia Coll.*) 1900, *Madras, India.*
 Sawabini, Elias Jacob, M.D. (*Coll. of P. & S., Baltimore*) 1898, *Boston.*
 Shaw, Frederick King, *Boston.*
 Sherburne, Andrew Edward, A.B. 1897, *Roxbury.*
 Sims, Frederick Robertson, *Melrose.*
 Smith, Homer Brandel, A.B. 1900, *Lancaster, N.H.*
 Stacey, Franklin Horton, *Winchester.*
 Stark, Stephen, A.B. (*Colby Coll.*) 1892, A.M. (*ibid.*) 1895, *Waterville, Me.*
 Storrs, Henry Randolph, A.B. 1896, *Brookline.*
 Streeter, Edward Clark, A.B. (*Yale Univ.*) 1898, M.D. (*Northwestern Med. School*) 1901, *Chicago, Ill.*
 Surry, Alice Gertrude, *No. Woburn.*
 Thompson, Joseph Mariner, *Dorchester.*
 Thorndike, Townsend William, *Boston.*
 Tolman, Henry, Jr. *Newton.*
 Vaughan, Roger Throop, PH.B. (*Univ. of Chicago*) 1899, *Chicago, Ill.*
 Walker, David Harold, M.D. 1898, *Boston.*
 White, Horace Loring, B.S. (*Univ. of Maine*) 1898, *Burlington, Vt.*
 White, Verdeil Oberon, A.B., A.M. (*Bowdoin Coll.*) 1889, M.D. 1892, *East Dixfield, Me.*

Whitford, Robert Atwood, A.B. 1898,	<i>Waltham.</i>
Williams, Ennion Gifford, M.D. (<i>Univ. of Virginia</i>) 1897,	<i>Richmond, Va.</i>
Williams, Horace Dudley Hall, A.B. 1899,	<i>Roxbury.</i>
Worcester, John Fonerden, M.D. (<i>Boston Univ.</i>) 1888,	<i>Dorchester.</i>
Young, Herbert Walter,	<i>Wood's Hole.</i>

